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COUNTY HALL,
HERTFORD.

November, 1955.

To the Chairman and members of the Health Committee.

Ladies and Gentlemen,

I have the honour to present my Annual Report as County Medical Officer—the fifteenth in the series.

Table II (page 8) is a summary of the more important vital statistics for the year. By reference to the detailed tables listed in column 2, it will be seen that, with one exception, the record for the year is a satisfactory one. The exception is the Maternal Mortality Rate which rose to 1·1 per 1,000 births in contrast to the national rate which again showed a fall. This is particularly disappointing in a County which, in 1947, prided itself on being the first sizable County to reduce the rate below ·5 per 1,000.

The Infant Mortality Rate, which dropped from 23 to 18 per 1,000 live births is a new low record. Sir Francis Fremantle, as County Medical Officer for Hertfordshire, reported in 1904, that our Infant Mortality Rate of 83·87 for the previous year was the lowest in the 55 counties.

The Committee may be interested to compare the vital statistics of fifty years ago with those recorded in this report :—

	1904.	1954.
Population	271,047	671,700
Birth rate	24·11	15·52
Death rate	12·66	9·83
Infant mortality rate .	106·16	17·56
Phthisis rate	0·89	0·10
Cancer rate	0·91	1·76

These figures deal with the absolutes of life and death. To-day, the attention of the Medical Officer of Health is turning to morbidity as opposed to mortality. We have reached a stage at which the work of the Local Health Authority should be gauged by prevention of illness as well as by the postponement of death. Indeed, many of us feel the time has come for the preventive health service to assume a more positive and creative role—the promotion of health in the fullest sense. Perhaps some successor of mine may be privileged to write an introductory letter to a report recording a marked advance in the fitness, happiness, and spirit of well-being experienced by the people of Hertfordshire.

There has been an increasing tendency in recent years for the putative author's contribution to my Annual Reports to take the form of editing, quoting, and commenting on reports from fieldworkers and administrative staff operating the services. This was inevitable. The decentralization in force in this County has made it impossible for the headquarters staff to keep in touch with the detail of the services. This must be accepted, but it must also be regretted by a Chief Officer with an ultimate responsibility for the efficiency and vitality of a service which is judged by its response to the needs of the individual. It is particularly regrettable in a County which has recently increased its population by some 20,000 each year. Many newcomers have come here by virtue of circumstances which entailed problems for our social services, and there has been a constant demand for adjustments and new

emphases in established schemes to adapt them to present needs. The fact that those operating the services are instructed each year to prepare reports which are studied and commented upon by the County Medical Officer for the information of the Committee ensures that the detailed work of the services is periodically brought under critical review.

It is perhaps invidious to select individual members of the staff for special mention when, as will be obvious on reading the Report, so many deserve it. My thanks are due to all, but the report by the clerk in charge of the Mental Health records (pages 70-78) will be specially welcomed by members of the Health Committee who are interested in the intricate and responsible work done in connection with the Mental Deficiency Acts.

Once again, I have, too, to thank my deputy (Dr. Stewart) and my chief clerk (Mr. Treharne) for the part they have played in the preparation and publication of this Report.

I am, ladies and gentlemen,

Your obedient servant,

J. L. DUNLOP,

County Medical Officer.

CHAIRMAN OF THE HEALTH COMMITTEE.

G. Rollo Walker, Esq.

STAFF.

(As at 31st December, 1954.)

County Medical Officer.

J. L. Dunlop, M.D., D.P.H.

Deputy County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H.

County Dental Officer.

A. C. Wilson, L.D.S., R.C.S.

Divisional Medical Officers.

(See also page 7.)

Dacorum.

M. Gross, M.B., B.S., D.P.H., Churchill, Park Road, Hemel Hempstead.

North Herts.

V. R. Walker, M.B., Ch.B., B.Sc., D.P.H., 12 Brand Street, Hitchin.

St. Albans.

J. C. Sleight, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

South-West Herts.

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

*Welwyn.*G. R. Taylor, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., "Gooseacre," Cole Green Lane,
Welwyn Garden City.South Herts Division
East Herts Division

} No Divisional Scheme in force.

Assistant County Medical Officers

R. M. Allinson, M.B., Ch.B., D.P.H.
 F. Barasi, M.R.C.S., L.R.C.P., D.P.H.
 B. E. S. Colman, B.A., M.R.C.S., L.R.C.P.
 R. S. Cooper, M.B., B.S.
 J. C. Gillespie, M.B., Ch.B., D.C.H., D.P.H.
 M. M. Harwood, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
 E. M. Jones, M.B., Ch.B., D.P.H.
 L. S. Karpati, M.D. (Graz).
 N. MacRae, M.B., Ch.B., D.P.H.
 M. S. Miller, B.A., M.B., Ch.B., B.A.O., D.P.H.
 D. G. Milne, M.B., Ch.B., D.P.H.
 S. J. Moynihan, M.R.C.S., L.R.C.P.
 H. E. D. E. Ormiston, M.B., B.S., D.P.H.
 E. C. Shore, M.R.C.S., L.R.C.P., D.R.C.O.G.
 J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.
 J. Walker, M.B., Ch.B., D.C.H.
 M. Ward, M.B., Ch.B., D.P.H.

Chest Physicians.

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
 A. G. Hounslow, M.D.
 N. A. Neville, B.M., B.Ch., M.R.C.P.
 P. W. Roe, B.A., B.M., B.Ch.
 J. B. Shaw, M.D., D.P.H.

County Nursing Officer and Day Nurseries Supervisor.
F. MacDonald, S.R.N., S.C.M., C.R.S.I., H.V., Q.N., M.T.D., T.A.

County Health Inspector.
J. L. Stringer, M.R.S.I., Cert.S.I.B.

Senior Authorized Officer.
W. H. Finch.

Almoners.
S. Bone, A.M.I.A.
J. R. Horton, A.M.I.A.
M. Howard-Jones, A.M.I.A.
P. Morfey, M.A., A.M.I.A.
M. J. Waghorn, A.M.I.A.

Home Help Organizer.
H. M. Watson.

Social Workers, Mental Health.
E. M. Morris.
A. G. Peace.
P. E. Rock.

Chief Clerk.
W. A. Treharne, A.C.I.S.

MEDICAL OFFICERS OF HEALTH AND SANITARY INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1954.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Sanitary Inspector.</i>
East Herts	Dr. E. M. Jones (A.C.M.O.).	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. C. R. Hillis (tem- porary).	Cheshunt U.D. . . .	Mr. C. Wilson
	Dr. J. Wildman . . .	Hertford B. . . .	Mr. B. Peck
		Hoddesdon U.D. . . .	Mr. W. N. David
		Sawbridgeworth U.D. . .	Mr. C. A. Ford
		Ware U.D. . . .	Mr. C. J. Lucas
		Braughing R.D. . . .	Mr. E. E. Wateridge
		Hertford R.D. . . .	Mr. H. E. Gilbey
	Ware R.D. . . .	Mr. A. D. G. Goold	
North Herts .	Dr. V. R. Walker (Divi- sional County M.O.).	Baldock U.D. . . .	Mr. B. W. E. Make- piece
		Hitchin U.D. . . .	Mr. N. Holt
		Letchworth U.D.. . .	Mr. A. Jump
		Royston U.D. . . .	Mr. S. M. Jackson
		Stevenage U.D. . . .	Mr. H. Foden
		Hitchin R.D. . . .	Mr. W. M. Matthews
St. Albans .	Dr. J. C. Sleigh (Divi- sional County M.O.).	City of St. Albans . .	Mr. R. E. C. Goddard
		Harpenden U.D. . . .	Mr. J. Snowden
		St. Albans R.D. . . .	Mr. D. J. Graham
		*Dr. G. W. Everett (tem- porary).	Elstree R.D. . . .
South Herts .	Dr. A. L. Hyatt (tem- porary).	Barnet U.D. . . .	Mr. J. B. Wilson
	*Dr. C. M. Scott (tem- porary).	East Barnet U.D. . .	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock (Divisional County M.O.)	Watford B.. . .	Mr. R. V. Jacob (Died Dec. 1954.) Mr. K. H. Marsden (as from Dec. 1954.)
		Dr. W. Harvey . . .	Bushey U.D. . . .
Welwyn .	Dr. G. R. Taylor, (Divi- sional County M.O.)	Chorleywood U.D. . .	Mr. W. E. Hands
		Rickmansworth U.D. . .	Mr. C. R. Alexander
		Watford R.D. . . .	Mr. S. N. Grigg
		Welwyn Garden City U.D. . . .	Mr. M. Stockdale
Dacorum .	Dr. M. Gross (Divisional County M.O.)	Hatfield R.D. . . .	Mr. S. W. Wright
		Welwyn R.D. . . .	Mr. W. J. Avery
		Hemel Hempstead B. . .	Mr. A. C. Horne
		Berkhamsted U.D. . . .	Mr. C. E. Brogan
		Tring U.D. . . .	Mr. J. F. Norris
		Berkhamsted R.D. . . .	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

ANNUAL REPORT, 1954.

VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.
POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1951	Estimate 1952	Estimate 1953	Estimate 1954
Boroughs	21,496	155,430	158,410	162,510	166,250
Urban Districts	70,664	280,570	286,090	293,390	302,050
Rural Districts	312,363	182,700	189,200	195,600	203,400
County	404,523	618,700	633,700	651,500	671,700
England and Wales	37,339,215	44,274,000			

TABLE 2.
STATISTICAL SUMMARY.

	See Table	Boroughs		Urbans		Rurals		County	
		1953	1954	1953	1954	1953	1954	1953	1954
Death rate	3	11·17	10·00	9·55	9·06	11·51	10·83	10·55	9·83
Live birth rate	5	14·95	15·87	14·24	14·96	16·37	16·06	15·06	15·52
Infant mortality rate	7-8	22·23	17·05	24·18	17·92	21·84	17·45	22·93	17·56
Maternal mortality rate	11	1·21	1·48	0·23	1·52	0·31	0·30	0·50	1·13
Epidemic death rate	—	0·07	0·05	0·03	0·03	0·05	0·03	0·05	0·04
Phthisis death rate	21	0·17	0·10	0·09	0·11	0·19	0·10	0·14	0·10
Cancer death rate	10	1·78	1·88	1·90	1·73	1·79	1·69	1·84	1·76
Heart disease death rate	12	3·40	3·19	2·70	2·80	3·48	3·46	3·11	3·10

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General. In the Tables referred to in the second column the statistics are given in greater detail.

In this and subsequent Tables, Infant Mortality is expressed as a rate per thousand live births, and Maternal Mortality as a rate per thousand live and still births.

TABLE 3.
DEATH RATE.
(per 1,000 population.)

	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1939-48 (average for ten years).	1,630	11·1	2,698	10·4	1,511	10·0	5,839	10·4	12·1
1949 .	1,649	10·8	2,820	10·1	1,597	9·6	6,066	10·2	11·7
1950 .	1,704	10·9	2,775	9·9	1,540	9·0	6,019	9·9	12·0
1951 .	1,831	11·8	3,001	10·7	1,670	9·1	6,502	10·5	12·5
1952 .	1,683	10·6	2,794	9·8	1,628	8·6	6,105	9·6	11·2
1953 .	1,815	11·2	2,806	9·6	2,252	11·5	6,873	10·6	11·4
1954 .	1,663	10·0	2,737	9·1	2,202	10·8	6,602	9·8	11·3

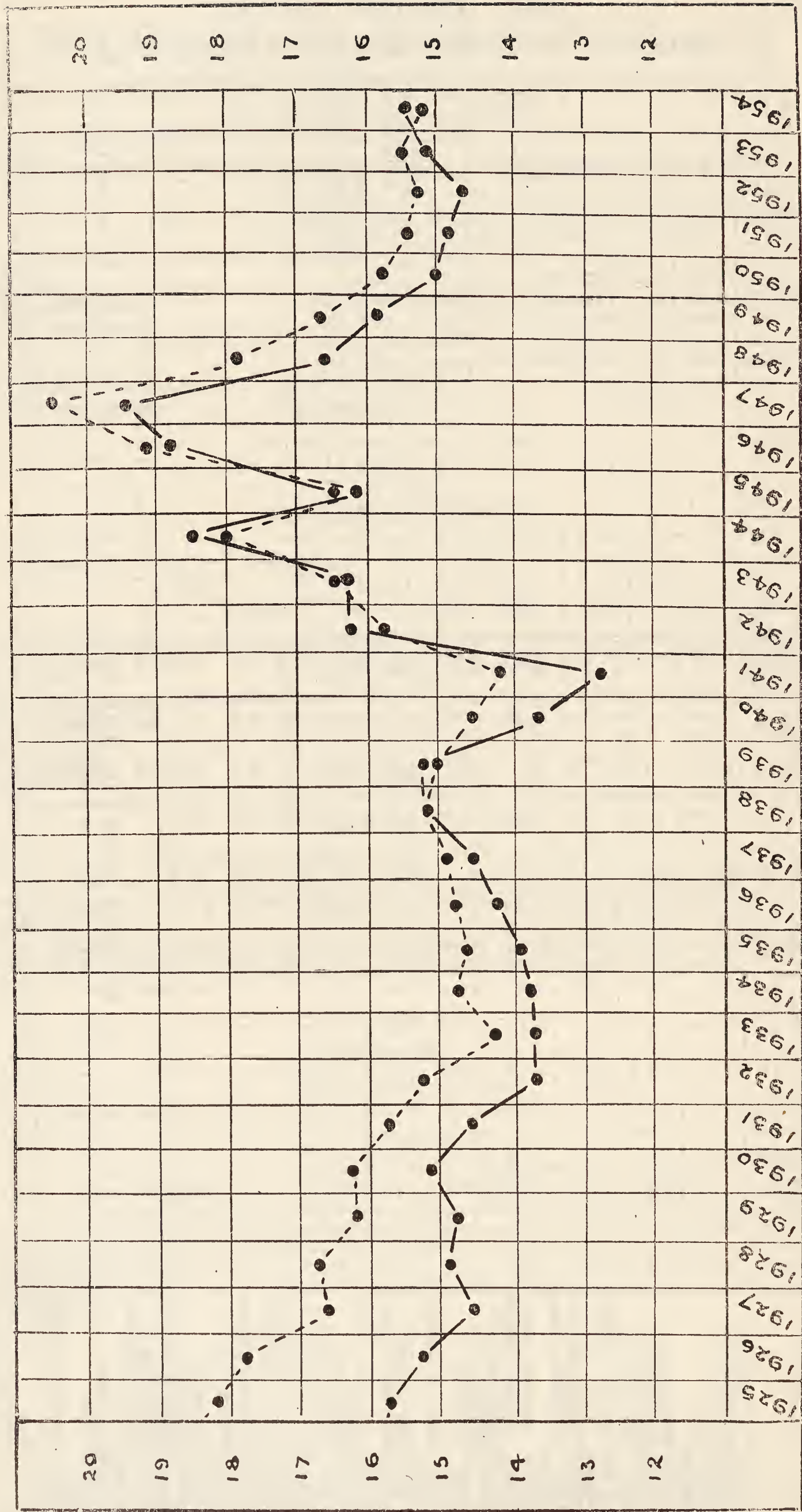
The death rate shows that in this county we still compare very favourably with the rate for England and Wales.

TABLE 4.—CAUSES OF DEATH, 1954.

[illegible]

It is interesting to record the continuing fall of deaths from Tuberculosis. Not so long ago several hundred deaths a year were attributable to this disease. There is an increasing number of deaths from accidents of one kind or another which this year reaches a total of 242. The hope was expressed in my report for 1951 that all doctors and others interested in preventive medicine would come to regard the prevention of accidents as coming within their sphere of operations. The education of the public in accident prevention could yield perhaps as rewarding results as can be seen in other fields.

TABLE 5.—BIRTH RATE, 1925-1954.
Per 1,000 Population.



HERTFORDSHIRE ——— ● ——— ENGLAND AND WALES - - - - - ● - - - - -

This graph relates only to births which in the opinion of the Registrar-General were attributable to Hertfordshire residents. It will be seen that in 1954 the birth rate continued to increase and for the first time for ten years was higher than that for the country as a whole.

TABLE 6.
STILL-BIRTH RATE.
(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1939-48 (average for ten years)	63	25·8	114	26·3	60	25·1	237	26·2	—
1949	56	22·5	83	19·0	56	19·8	195	20·1	22·7
1950	55	23·2	63	15·3	56	20·1	174	18·3	22·6
1951	66	28·1	89	21·3	53	18·8	208	22·1	23·9
1952	51	20·8	77	18·8	56	18·8	184	19·3	22·6
1953	45	18·2	81	19·0	56	17·2	182	18·2	22·4
1954	64	23·7	95	20·6	69	20·7	228	21·4	24·0

TABLE 7.
INFANT MORTALITY.
(per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1939-48 (average for ten years)	78	33	157	35	79	33	314	34	49
1949	43	18	93	22	57	20	193	20	32
1950	56	24	80	20	51	19	187	21	30
1951	64	28	92	22	66	23	222	24	30
1952	53	22	82	20	42	14	177	19	28
1953	54	22	101	24	70	22	225	23	27
1954	45	17	81	18	57	17	183	18	26

It is pleasing to mention that again in 1954 the Infant Mortality Rate for the county was less than 20 per 1,000 births, the figure being the lowest recorded.

TABLE 8.—INFANT MORTALITY RATE, 1925-1954.
Per 1,000 Live Births.

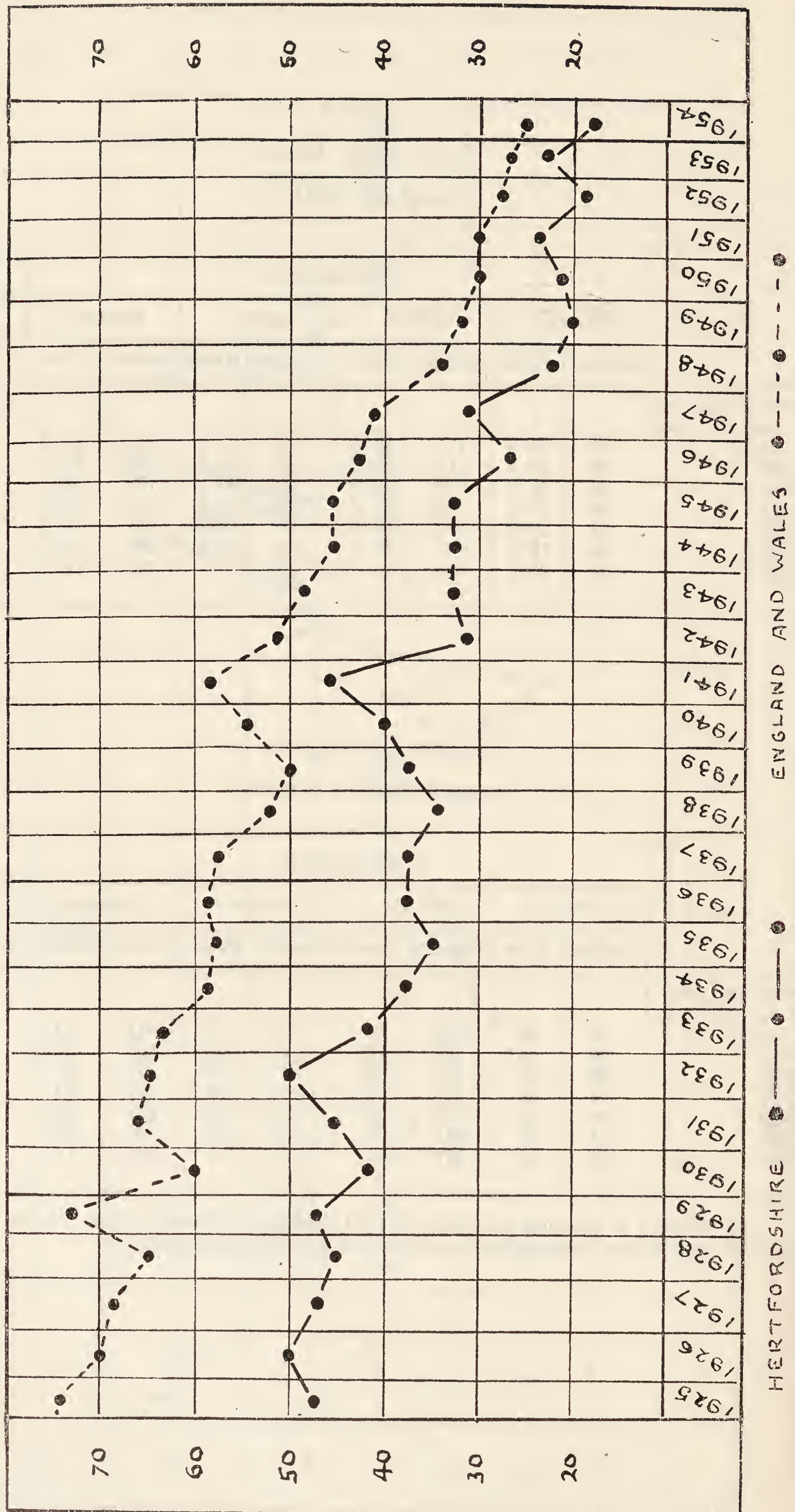
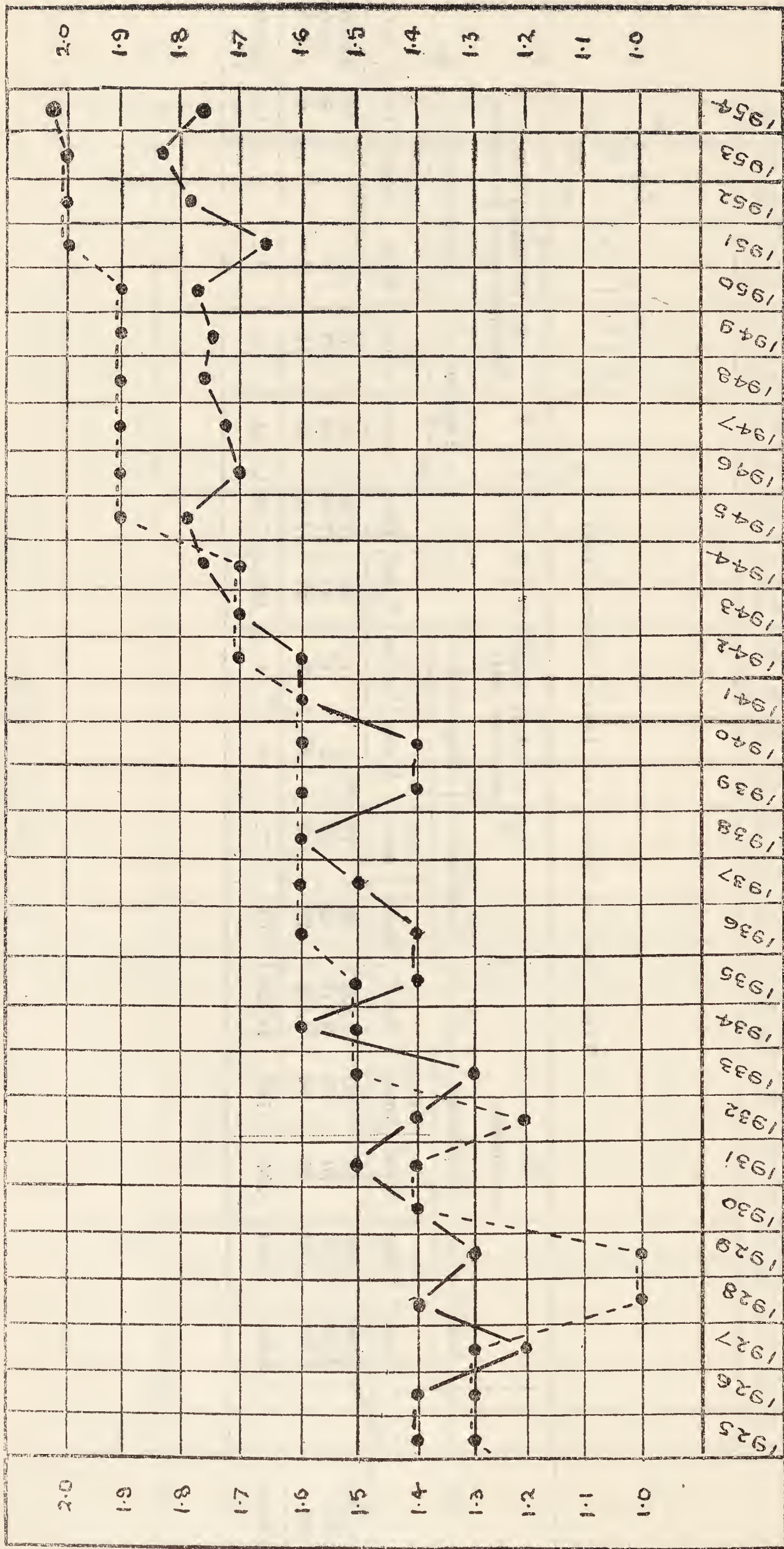


TABLE 10.—CANCER DEATH RATE, 1925-1954.
Per 1,000 Population.



HERTFORDSHIRE ——— ENGLAND AND WALES - - -

It will be noted that deaths from cancer or malignant disease are recorded as 1.76, a slight reduction from the previous year, whereas that for England and Wales shows a slight increase.

TABLE 11.
MATERNAL MORTALITY.
(Number of Deaths of Mothers per 1,000 Births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1939-48 (average for ten years)	4	1.5	8	1.8	4	1.6	16	1.7	1.8
1949 . .	—	—	2	0.5	1	0.4	3	0.3	1.0
1950 . .	1	0.4	5	1.2	4	1.4	10	1.1	0.9
1951 . .	1	0.4	—	—	2	0.7	3	0.3	0.8
1952 . .	1	0.4	3	0.7	2	0.7	6	0.6	0.7
1953 . .	3	1.2	1	0.2	1	0.3	5	0.5	0.8
1954 . .	4	1.5	7	1.5	1	0.3	12	1.1	0.7

It is regrettable that the Maternal Mortality rate has increased to 1.1, the same as it was in 1950, while that for the country has continued to keep low.

TABLE 12.
HEART DISEASE DEATH RATE.
(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1939-48 (average for ten years)	518	3.5	683	2.6	444	2.9	1,645	3.0	3.3
1949 . .	479	3.1	824	3.0	502	3.0	1,805	3.0	3.6
1950 . .	523	3.4	898	3.2	527	3.1	1,948	3.2	3.8
1951 . .	595	3.8	943	3.4	587	3.2	2,125	3.4	4.1
1952 . .	524	3.3	853	3.0	508	2.7	1,885	3.0	—
1953 . .	552	3.4	793	2.7	681	3.5	2,026	3.1	—
1954 . .	530	3.2	846	2.8	704	3.5	2,080	3.1	—

TABLE 13.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1954. (CORRECTED).

DISTRICT.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox*	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Total for Districts	
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary		
Boroughs—																											
1 Hemel Hempstead	9	28	2	—	14	—	—	1	—	—	—	—	1	3	1	—	1	1	—	—	—	9	—	—	42	3	114
2 Hertford	6	25	—	—	7	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	5	—	11	—	62	
3 St. Albans	24	136	—	1	39	—	11	1	—	1	—	—	—	9	—	3	—	—	—	—	—	15	—	47	4	291	
4 Watford	69	67	2	2	31	—	17	1	—	1	—	—	—	7	3	19	2	—	—	—	—	7	—	77	6	311	
Total Boroughs .	108	256	4	3	91	—	35	3	—	2	—	—	1	19	4	22	4	—	—	—	—	36	—	177	13	778	
URBANS—																											
1 Baldock	—	11	—	2	107	—	—	9	—	—	1	—	1	4	1	1	—	—	—	—	—	3	—	6	—	21	
2 Barnet	16	47	—	—	51	—	3	—	—	—	—	—	1	2	—	9	41	—	—	—	—	—	—	16	6	266	
3 Berkhamsted	9	29	—	—	6	—	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	10	1	111	
4 Bishop's Stortford	7	280	—	—	5	1	3	—	—	—	—	—	—	—	—	8	3	—	—	—	—	—	—	3	1	313	
5 Bushey	24	9	—	1	4	—	19	3	—	—	—	—	—	4	—	—	73	13	—	—	—	—	—	21	—	152	
6 Cheshunt	17	32	2	—	4	—	3	9	—	—	—	—	—	—	—	3	4	1	—	—	—	—	—	11	3	110	
7 Chorleywood	—	2	—	—	1	—	15	11	—	—	—	—	—	8	—	8	—	—	—	—	—	—	—	5	—	8	
8 East Barnet	37	148	—	—	15	—	6	—	—	—	—	—	—	3	2	1	—	—	275	—	—	—	—	27	3	547	
9 Harpenden	13	147	—	—	2	—	1	5	—	—	—	—	—	8	2	8	—	—	—	—	9	—	—	4	1	188	
10 Hitchin	25	13	—	—	9	—	8	—	—	—	—	—	—	—	1	7	—	—	—	—	—	—	—	15	1	77	
11 Hoddesdon	12	38	—	2	3	—	4	—	—	—	—	—	—	3	—	1	—	—	—	—	1	—	—	2	—	75	
12 Letchworth	12	8	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	1	48	
13 Rickmansworth	9	15	—	—	5	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	—	50	
14 Royston	—	6	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	8	
15 Sawbridgeworth	1	13	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	4	—	22	
16 Stevenage	27	2	—	—	13	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	16	1	64	
17 Tring	3	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	
18 Ware	—	6	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	2	23	
19 Welwyn Garden City	35	152	3	—	3	—	7	2	—	—	—	—	—	1	2	12	2	—	—	—	—	—	—	11	1	231	
Total Urbans .	247	959	8	5	230	1	78	41	—	—	1	1	1	32	6	59	127	14	275	1	—	21	—	—	194	24	2,324
RURALS—																											
1 Berkhamsted	4	7	—	—	83	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	1	—	99	
2 Braughing	2	48	—	—	2	—	6	5	—	—	—	—	—	—	—	4	1	1	—	—	—	6	—	6	—	72	
3 Elstree	9	44	—	—	122	3	10	1	—	—	—	—	—	—	—	6	—	1	—	—	—	—	—	17	5	216	
4 Hatfield	9	26	1	—	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	14	5	75	
5 Hemel Hempstead	6	32	1	—	—	—	2	—	—	—	—	—	—	1	—	1	3	—	—	—	—	4	—	6	1	55	
6 Hertford	4	31	1	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	1	—	44	
7 Hitchin	16	80	—	—	6	—	9	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	13	3	124	
8 St. Albans	17	83	—	—	12	—	8	19	—	—	—	—	—	1	1	—	—	—	—	—	—	4	—	41	4	186	
9 Ware	7	6	—	2	18	—	12	—	—	—	—	—	—	—	—	1	—	—	—	—	—	5	—	3	—	44	
10 Watford	62	147	—	—	—	—	—	2	—	—	—	—	—	2	—	7	—	—	—	—	—	—	—	49	2	303	
11 Welwyn	1	18	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	
Total Rurals .	137	522	3	2	253	3	55	29	—	1	—	—	—	9	2	22	6	1	—	1	—	22	—	—	151	20	1,239
Total County .	492	1,737	15	10	574	4	168	73	—	3	—	1	2	60	12	103	137	15	275	2	—	79	—	—	522	57	4,341

NATIONAL HEALTH SERVICE ACT, 1946.

Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with what used to be the Maternity and Child Welfare Services. Members of the Committee may find a digest of the information given in the following table a useful indication of the work in this field.

	1952.	1953.	1954.
Births :—			
Notified	9,712	10,101	10,632
Live	9,526	9,914	10,409
Still	186	187	223
Premature Births :—			
Notified	695	725	703
Born :—			
At home	138	162	145
In nursing homes	25	16	23
In hospitals	532	547	535
Midwives :—			
Domiciliary :—			
Employed by local Health Authority	94	100	103
(Representing whole time equivalent)	—	49½	52½
Employed by Hospital Management Committees	6	6	6
Private Practice	15	12	10
Institutional :—			
Employed in hospitals	128	128	119
Employed in nursing homes	17	19	21
Gas and Air Analgesia :—			
Midwives qualified to administer gas and air analgesia	225	229	219
Ante-Natal Clinics :—			
Sessions per month	84	78	73
Attendances made	9,576	8,692	9,980
Infant Welfare Centres :—			
Sessions per month	334	360	388
Attendances made	169,588	170,588	182,983
Health Visitors :—			
Number employed	124	119	123
(Representing whole-time equivalent)	37½	43½	44½
Home Nurses :—			
Number employed	140	128	134
(Representing whole-time equivalent)	74½	71½	76½
Day Nurseries :—			
Approved places : 0-2 years	358	314	274
2-5 years	618	558	456
On register at 31st December : 0-2 years	291	168	118
2-5 years	579	414	336
Average daily attendances : 0-2 years	255	159	119
2-5 years	497	356	291
Home Helps :—			
Employed whole-time	53	—	—
Employed part-time	375	489	540
Nurseries and Child Minders Act, 1948 :—			
Premises registered	5	4	5
Minders registered	11	15	28
Registered Nursing Homes	32	33	31

Administrative and Organising Staff are not included in the above table.

SECTION 21—HEALTH CENTRES.

In previous years my comment under this Section was chiefly one of regrets for our inability to make progress with our Health Centre programme. Last year I omitted any reference to this subject at all. In 1954, however, we were able to make a start on the Health Centre building programme which was adopted in 1949 when I advised that forty-two Health Centres were required.

Until 1950 effort was concentrated on designing a comprehensive Health Centre to serve the growing L.C.C. estate at Oxhey, but when the final plans were ready the scheme was suspended *sine die*.

Meantime the problem of finding buildings for the Health Services had become acute elsewhere. In the expanding fringes of established towns and in the neighbourhood units of the New Towns there was seldom any building which could be used for Clinics, yet the demands in these areas were not sufficient to justify building premises for our exclusive use. As a compromise the idea of erecting small Health Centres as Annexes to strategically sited Infant Schools was developed. These have proved to be very satisfactory for the health activities in a population unit of about 10,000. When not in use as such the Clinic space is used by the associated school. Mobile Welfare Centres will soon provide Maternity and Child Welfare and School Health Services in our Rural areas and temporarily in the outskirts of the New Towns.

The need for a Health Centre at Welwyn Garden City, which has long been recognized, became irresistible and urgent with the growth of the New Town. The building of Gooseacre was begun in June, 1954, and the first Clinic was held there on 10th January, 1955.

Plans for similar Centres at Boreham Wood and Oxhey are awaiting Ministry approval. The Centre now proposed for Oxhey is particularly interesting. Adjoining a building which is similar to Gooseacre are surgeries for four General Practitioners. Both buildings have been designed by the County Architect but the Surgery unit will be owned and run by the Practitioners. It is believed that this association of the two buildings will have many of the advantages and few of the disadvantages of the orthodox comprehensive Health Centre.

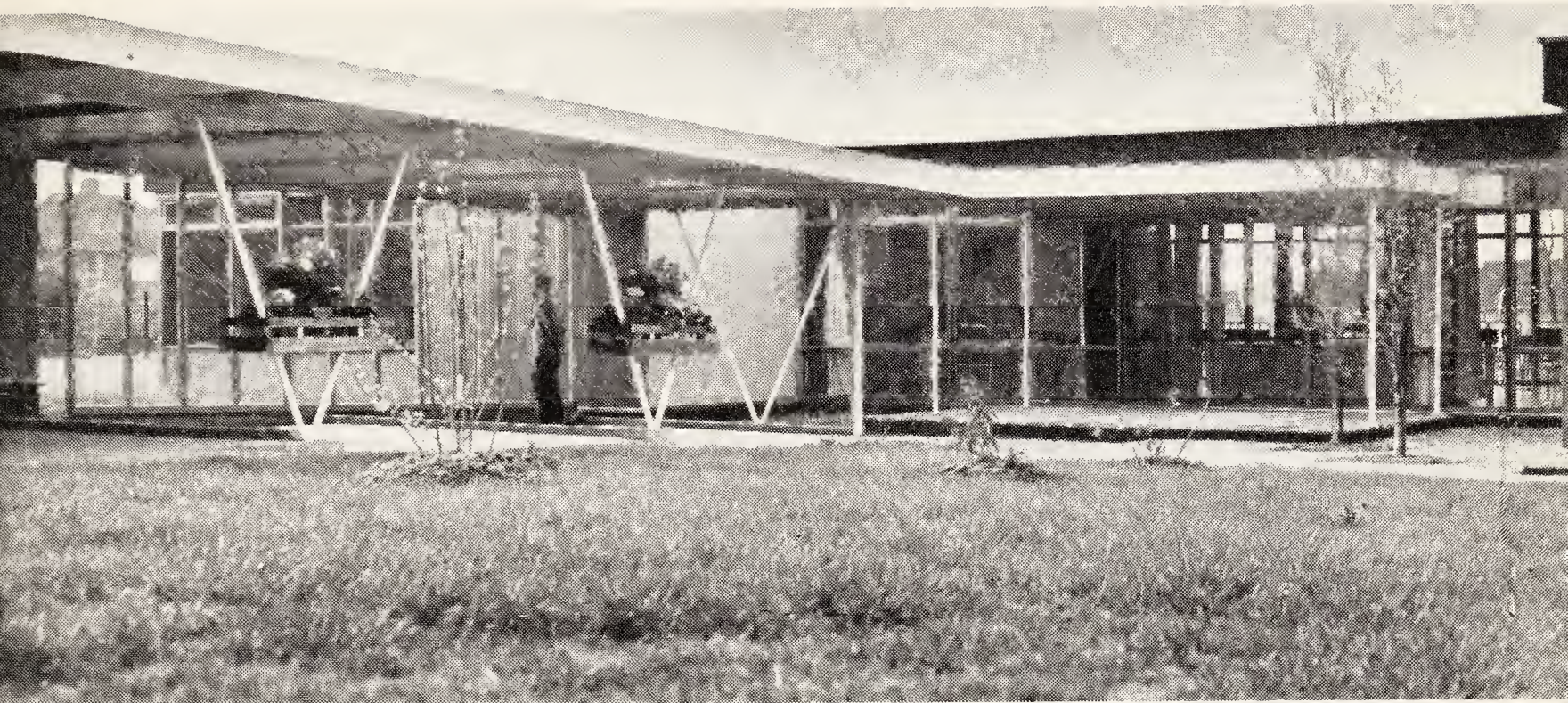
SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

TABLE 14.

INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1950 . .	109	3,820	2,755	21,719	155,475	41
1951 . .	112	3,946	2,879	23,287	158,902	41
1952 . .	114	4,112	2,996	24,202	169,588	41
1953 . .	116	4,412	3,201	24,181	170,588	38
1954 . .	124	4,660	3,457	24,853	182,983	39

The Infant Welfare Centres have, during the year, continued to be very well attended and appear to fulfil a demand not otherwise met by the Health



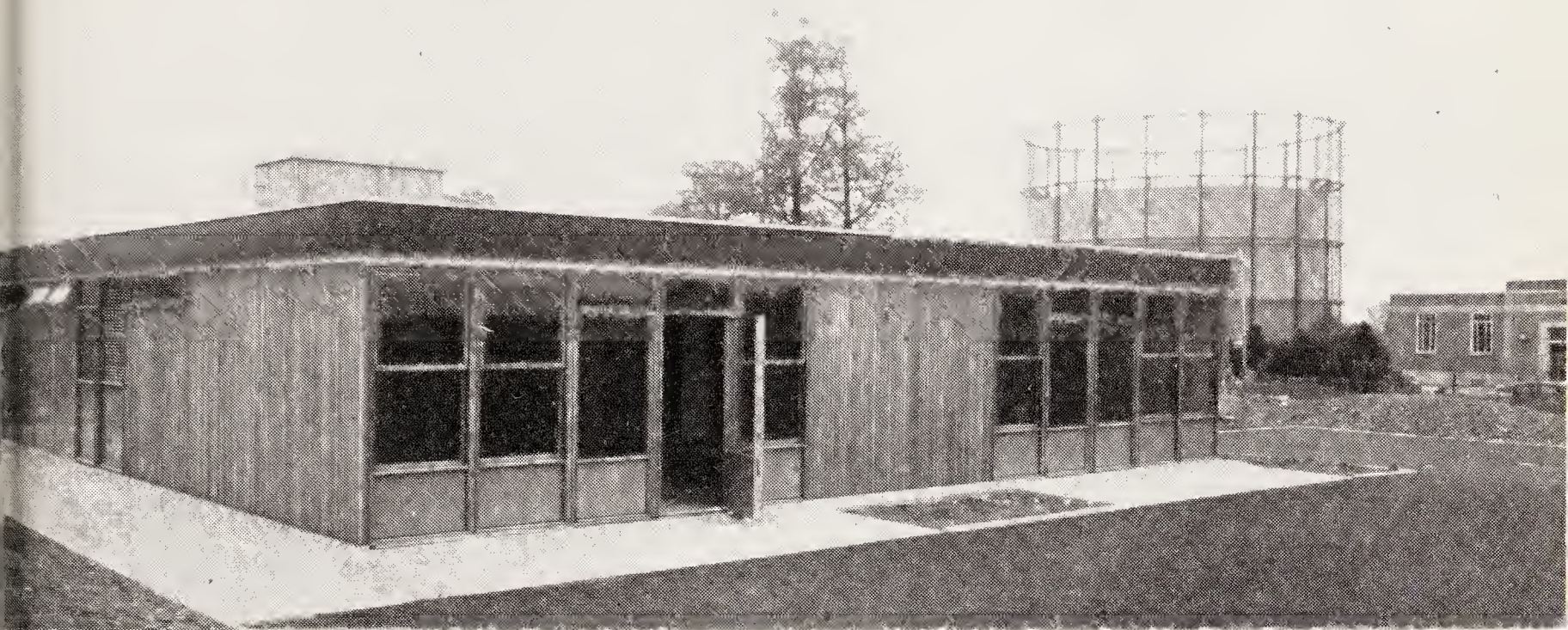
Gooseacre Health Centre, Welwyn Garden City, showing entrance and pram shelter.



Mothers and children leaving an Infants' School which incorporates a Health Annexe.



Rest time on a December day at Beechwood Day Nursery, Watford.



Occupation Centre at Garston, Watford. Constructed with special prefabricated ceiling and roof units carried on cedar board panels. The building and site works were completed in under six months.



Welfare Foods corner at the Health Annexe, "Saffron Green Infants' School, Boreham Wood.

Services. The numbers in attendance have risen so considerably in some areas that not only have new Welfare Centres had to be opened but also more sessions have had to be arranged in several of the older centres.

Advice on feeding and the management of infants still comprises a large proportion of the work, but an increasing number of mothers bring their children for routine inspections.

Most of the babies who attend are immunized against diphtheria and whooping cough, and an endeavour is made to have all children given a "booster" dose of diphtheria prophylactic before starting their attendance at school.

Mobile Welfare Centre.

In 1954, the Committee were faced with serious difficulties in providing adequate premises for the services in the rapidly growing New Towns and they were also perturbed at the markedly developing contrast between the services we were hoping to provide in the New Towns and the services which we were failing to provide in the rural districts of the county.

The County Medical Officer was, therefore, instructed to look into the feasibility of employing a Mobile Welfare Centre in rural areas and after visits to several counties in which these vehicles were in use the Committee were advised that a Mobile Welfare Centre would certainly have a useful part to play in the hinterlands of the county where the services could only be provided under very unsatisfactory conditions. The Committee agreed in October, 1954, that a Mobile Welfare Centre should be purchased.

Ophthalmic Clinics.

During 1954, 228 children were seen for the first time at the Eye Clinics and a further 450 attendances were made by children under five for re-examination. The Ophthalmologists prescribed spectacles in 138 cases.

These examinations take place at the seventeen School Eye Clinics in the county, under special arrangements agreed with the Herts Executive Council who are responsible for the supply of the spectacles recommended for the children.

DAY NURSERIES.

				<i>Number of Approved Places at 31st December, 1954.</i>		
				<i>0-2 years.</i>	<i>2-5 years.</i>	<i>Total.</i>
Barnet	53 Wood Street			20	50	70
Boreham Wood	Shenley Road			32	40	72
Bushey	London Road			30	50	80
East Barnet	29 Station Road			23	27	50
Hertford	10 Queen's Road			20	28	48
Letchworth	1 Norton Way North			20	30	50
Rickmansworth	The Bury			14	26	40
St. Albans	Royal Road			30	30	60
Waltham Cross	157 High Street			20	20	40
Ware	Bowling Road			10	40	50
Watford	Leggatts Way			20	60	80
Watford	St. Albans Road (Beechwood)			15	35	50
Welwyn Garden City	Woodhall Lane			20	20	40
				<hr/> 274	<hr/> 456	<hr/> 730

There has been a further decline in the number of children attending the Nurseries. As I mentioned in my last Annual Report this decline is not a matter for regret as it shows a higher standard of housing in the county as a whole and a lesser demand for nursery places from those categories where the mother has to go out to work. This reduction in the demand for Day Nursery places, coupled with a more stringent application of the admission categories, has brought two main problems:—the higher cost of nursery places as the Nurseries are being run as uneconomic units, and the difficulty of recruiting

and retaining suitable staff with the present feeling of insecurity in the diminishing service.

The Health Committee gave special attention to the first of these problems by setting up a Day Nursery Sub-Committee which met in February and March, to investigate means of reducing the number of vacant places with a view to reducing running costs. As a result of these meetings the existing Nurseries were divided into two categories ; those which were regarded as filling a long-term need and those which were meeting a short-term need. The latter class were to be subject to periodic review bearing in mind attendances and local demand with a view to closure of the Nurseries. The effect of this classification was that nearly all of the main centres of population in the county would retain one long-term Nursery each and the other Nurseries would be closed as circumstances justified such a course. Nurseries which were regarded as " permanent " were " Beechwood ", Watford ; Shenley Road, Boreham Wood ; Cole Green, Welwyn Garden City ; The Noel, Letchworth ; Wood Street, Barnet ; Queen's Road, Hertford ; and The Chestnuts, Waltham Cross.

Miss MacDonald, the County Nursing Officer has reported upon the problem of staffing at the Nurseries as follows :—

" The Day Nursery position has been more than ever erratic this year due to the limited number of admissions and the restrictions of staff.

The students have been very carefully selected, but it is difficult to maintain keenness when they are uncertain of local work at the end of their training and with the possibility of the closure of Nurseries.

Wardens' meetings have been held during the year on toy making and decorations, as new ideas are essential for nursery work to keep the children interested.

Many students from other branches of nursing and on special courses have attended the Day Nurseries throughout the year to receive tuition, and Beechwood continues to have organized parties from the nursing organizations and visitors from abroad.

It is difficult to foresee the future of the Day Nurseries, as good services and facilities in other branches of the Health Service will decrease the need for nursery admission, apart from the large towns where the problems will be numerous enough to justify the Nurseries being continued.

In recent years it is interesting to note that the number of attendances of the very young babies has decreased in the Day Nurseries. Social conditions appear to be improving and more mothers are remaining at home to look after their children until a later age.

The link with the homes of the children accepted is maintained through the Health Visitors.

There have been less epidemics throughout the year and all the nurseries have been able to keep open."

The stability of the individual nurseries was further complicated in April, when the Ministry of Health intimated that a review should be made of all Day Nurseries held under requisitioning powers. Four Day Nurseries, Queen's Road, Hertford ; Station Road, East Barnet ; Shenley Road, Boreham Wood ; and The Chestnuts, Waltham Cross, were in requisitioned buildings or on requisitioned land. The Health Committee agreed that Station Road, New Barnet and The Chestnuts, Waltham Cross, should be retained on a year to year basis and the Day Nursery Sub-Committee were asked to consider the position at Hertford and Boreham Wood.

The reduction in numbers at Hertford and Ware made amalgamation possible and this has taken place by the closure of the Hertford Nursery at the end of March, 1955.

At Boreham Wood the numbers had remained high and as it was one of the busiest nurseries in the county there could be no question of closure. It was decided to build a new nursery—a bold course but obviously the only

one which could have been taken under the prevailing conditions. To enable this building to be erected a twelve months' extension of the requisition was given by the Minister. It so happened that at Boreham Wood the Health Centre was situated upon requisitioned land which formed part of the District Council's recreation ground and we were under a "gentlemen's agreement" to vacate the site as soon as possible. The County Architect was consulted and it was found there would be substantial savings in erecting a new Health Centre and Day Nursery at the same time and it is gratifying to know that the Ministry of Health took the same view and approved the erection of both buildings.

Church Road Nursery, Welwyn Garden City, closed on the 31st March, and the children were transferred to the Cole Green Nursery, Welwyn Garden City.

Cassiobury Park Nursery, Watford, closed on the 31st May, and the children were transferred to other nurseries serving the Watford area.

The Medical Staff again examined the children in the various nurseries during the year and referred those requiring treatment to the appropriate County Clinics or to their family doctors. The following Table shows the details of their findings.

No. of children inspected during 1954	639	1953 (780)
No. of reinspections	549	1953 (658)

Defect or Disease.	Defects found.			
	No. of Defects requiring treatment		No. of Defects requiring observation but not treatment.	
	1953.	1954.	1953.	1954.
Cleanliness	2	—	1	—
Heart	3	11	23	16
Lungs	7	3	16	26
Eyes	24	17	16	10
Ears	8	10	5	6
Nose	25	14	11	20
Throat	30	30	58	34
Skin	15	28	11	12
Alimentary System	—	1	1	2
Teeth	17	22	9	4
Nervous System	6	12	13	7
Deformities	36	29	64	52
Other	21	23	8	4
Total	194	200	236	193

MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1954.

Report of the County Dental Officer.

An improvement in the staffing position has permitted the facilities for the dental care of maternity and child welfare patients, as well as for the school children, to be extended this year. The present number of Dental Officers, namely, six whole-time and seventeen part-time, is still below that required to provide the necessary minimum service; nevertheless, definite progress in recruitment has been made during the past two years.

The number of clinics at which mothers and children can receive dental advice and treatment is now seventeen, and others will be re-opened next year.

The patients seen are referred from the maternity and child welfare centres, and it will be noted that the greater number are children. It has been found

that many mothers elect to go to their family dental practitioners when recommended to seek advice, and, moreover, they are able to obtain attention under the general dental service more readily than is the case with young children. Because of understaffing, it is not yet possible to offer routine dental examinations to all maternity and child welfare patients, but close liaison with the Medical Officers and Health Visitors ensures that those most in need of attention do, in fact, receive priority. Every effort is made to carry out complete treatment in all cases, and the opportunity is also taken to stress the importance of oral care to the mothers, in respect both to themselves and their children.

Particulars of the work carried out during 1954 are given in the following tables :—

EXPECTANT AND NURSING MOTHERS.

Number of mothers examined	267
Number of mothers needing treatment	253
Number of mothers treated	188
Number of mothers made dentally fit	154
Scalings and gum treatments	48
Fillings	148
Extractions	258
General anæsthetics	95

CHILDREN UNDER FIVE.

Number of children examined	2,511
Number of children needing treatment	1,770
Number of children treated	1,327
Number of children made dentally fit	1,188
Scalings and gum treatments	8
Fillings	910
Silver nitrate treatments	411
Extractions	2,052
General anæsthetics	929

The number of mothers and children dentally inspected increased by 727 over that of last year, and the number of attendances at the clinics for treatment increased by 609 to 2,398. First consideration for these patients is, of course, the relief of pain and the removal of sepsis, but the total number of operations directed to the conservation of the teeth amounted to 1,913. Complete treatment was given in 88·6 per cent of all cases seen. It is encouraging to note that the mothers are becoming increasingly aware of the importance of retaining their children's temporary teeth until they are shed naturally. Needless to say, the necessity of preserving adequate masticatory areas and the avoidance of irregularities in the positions of the permanent teeth, which are often produced by premature loss of the temporary teeth, is impressed upon them, and when treatment other than extraction is advised one hears the expression, "they are only the baby teeth," very much less frequently than was the case a few years ago.

The enhanced facilities being provided by the setting up of new health centres and annexes is very greatly welcomed. Up-to-date equipment in modern premises contributes in no small degree to the carrying out of good work without undue fatigue to both operators and patients, and thus increases the efficiency of the service. Moreover, the mothers are much more inclined to accept offers of advice and treatment under circumstances which reflect favourably the importance of the health services provided. It may be added that the higher standards of working conditions will certainly not be without a beneficial effect on the recruitment of Dental Officers.

UNMARRIED MOTHERS.

The number of illegitimate births in the county rose again in 1954 to 401 after having dropped from 423 in 1952, to 376 in 1953. However, it was possible to provide for the seventy-nine who required residential care under the County scheme although the home at Campions, Shenley, was closed at the end of January, 1954.

Miss Morfev, the County Almoner for this work, reports as follows :—

In reviewing the work under Section 22 (Care of Unmarried Mothers) during 1954, it is interesting to note that the number of those girls and women for whom residential care was necessary either in pregnancy or post-natally approximates closely to that of the preceding year, viz. seventy-nine in 1954, to seventy-four in 1953.

Accordingly, the Committee's decision to close Campions at the end of 1953, owing to a substantial drop in the numbers admitted, has been justified, and the alternative arrangements made to replace the Council's own accommodation have so far met requirements, while the use of Voluntary Homes in addition to our own reserved beds in a Home in St. Albans has provided a choice perhaps better suited to individual needs.

Of these seventy-nine vacancies fifty-nine were directly arranged by the Almoner and financial responsibility was accepted for twenty vacancies arranged by Diocesan Workers in Diocesan Homes.

We much regret the closing of the Henry Carter House, in December—this home was run under the auspices of the West London (Methodist) Mission but was in fact undenominational—we did not have occasion to use it frequently but in every case we had excellent help and co-operation from the matron ; we understand that it is to be replaced by a similar home as soon as suitable accommodation can be found.

We have also much appreciated the ready help and co-operation of the matron of the Bedford Home ; and of the Secretary of the Crusade of Rescue through whom vacancies for unmarried Roman Catholics are arranged—so often arrangements must be made speedily by telephone, and a sympathetic capacity for by-passing red tape and concentrating on essentials is most comforting on such occasions.

Employment for girls keeping their babies with them is less easy to arrange, but so far all those who have asked for help of this sort have been placed.

It was with great regret that we learned in August, of the death at an early age of Mrs. James (Miss Miller), the first Almoner appointed by the Committee for work with Unmarried Mothers and Special Clinics. The excellence of her planning and good relationships throughout the County have provided a sound structure on which her successors have gratefully built.

	<i>A.N.</i>	<i>P.N.</i>	<i>Total.</i>
New cases investigated (a) First baby	77	41	118
(b) Second or more	9	13	22
(c) Married	19	5	24
(d) Referred by Diocesan Worker	22	—	22
Old cases current through the year	27	131	158
	<u>154</u>	<u>190</u>	<u>344</u>

1. *Help Arranged* (exclusive of girls in Homes).

(a) Employment arranged	20	14	34
(b) Referred to Children's Officer—			
(i) Young mother for help	14	—	14
(ii) Care of infant	—	14	14
(c) General help (advice, baby clothes, and maintenance, etc.)	89	133	232
(d) Vacancies arranged in Mother and Baby Homes	31	42	73
(e) Referred to Moral Welfare Worker	18	31	49
(f) Married Baby's father	3	1	4
(g) Adoption	—	1	1
(h) Part III	—	1	1
(i) Convalescence	—	3	3
(j) Returned to Ireland	1	—	1
	<u>176</u>	<u>240</u>	<u>416</u>

2. <i>Help Arranged for Girls in Mother and Baby Homes.</i>	<i>A.N.</i>	<i>P.N.</i>	<i>Total.</i>
(a) Mother and baby returned home	—	11	11
(b) Employment arranged—			
(i) With baby	—	6	6
(ii) Baby fostered or adopted	—	4	4
(c) To care of Children's Officer	—	8	8
(d) Adopted	—	11	11
(e) Returned home before confinement	1	—	1
(f) Returned to Ireland	3	—	3
(g) Remaining in Homes at end of year	5	9	14
	—	—	—
	9	49	58
	—	—	—

WELFARE FOODS.

Welfare Foods have been distributed by Local Health Authorities since June, 1954, the responsibility having been transferred to them when the Ministry of Food Offices closed. These foods consist of National Dried Milk, Orange Juice, Cod Liver Oil and "A" and "D" Tablets. Charges are made for the first two of these items, National Dried Milk being sold at 10½*d.* a tin and Orange Juice at 5*d.* a bottle. The entitlement to these foods has not been altered but beneficiaries now obtain their entitlement coupons from local offices of the Ministry of Pensions and National Insurance or in some instances from the Ministry of Labour. Free issues of National Dried Milk and Orange Juice are only made where beneficiaries satisfy National Assistance Board requirements.

Staff and Premises.

At the end of the year 183 premises throughout the county were being used as distribution centres and of this number 119 were manned by W.V.S. or other voluntary workers.

The following Table shows how the 183 Centres are situated throughout the Divisions and how the various Centres are staffed.

Division	Total No. of Centres	No. of Centres voluntarily staffed		No. of Centres employing paid staff
		Shops	Others	
Dacorum	29	9	19	1
North Herts	26	12	13	1
South Herts	11	—	11	—
East Herts	48	17	29	2
Mid Herts	20	1	16	3
South-West Herts	32	5	21	6
St. Albans	17	3	10	4
Totals	183	47	119	17

It was possible to use eighty-nine Welfare Centres for distributing foods. In very many instances the W.V.S. or other voluntary workers carried out this work for us in their own premises but it was still necessary to rent seventeen premises at an annual rental of £1,100 specifically for Welfare Foods distribution.

After studying the Table above I am sure that the Committee would wish to express their thanks to the great number of voluntary workers who attend so regularly at the Centres and to the shopkeepers for their great assistance in carrying out this worthwhile service to the public. Without this voluntary effort the public at large would not receive so complete a service and the cost of paid staff would be greatly increased.

Issues.

The average weekly issues summarized into divisions in the two quarters are as follows :—

Division	To 2nd October, 1954				To 1st January, 1955			
	N.D.M.	C.L.O.	A/D.	O.J.	N.D.M.	C.L.O.	A/D.	O.J.
East Herts . . .	1,114	286	83	1,676	1,120	352	91	1,587
South Herts . . .	423	165	49	1,043	454	214	59	1,074
Welwyn . . .	449	153	43	993	451	194	51	956
St. Albans . . .	753	272	77	1,866	858	387	96	1,924
North . . .	754	227	67	1,388	729	272	83	1,330
Dacorum . . .	588	197	55	1,131	641	254	62	1,136
South-West Herts .	1,000	391	117	2,530	1,076	476	135	2,397
Total for County .	5,801	1,691	491	10,627	5,329	2,149	577	10,404

The total issue of foods in the divisions related to the number of births attributable to the divisions is shown in the following Table.

Division	Average weekly issues June–Dec., 1954	No. of Births	Average weekly issues per birth
East Herts . . .	3,155	1,748	1.80
South Herts . . .	1,740	875	1.98
Welwyn . . .	1,645	970	1.69
St. Albans . . .	3,116	1,839	1.68
North . . .	2,425	1,530	1.58
Dacorum . . .	2,032	1,262	1.61
South-West . . .	4,061	2,428	1.67
Total for County .	18,174	10,652	1.70

Delivery to Distribution Centres.

When the scheme was prepared transferring responsibility for the distribution to Local Health Authorities there was some doubt as to the exact responsibility for delivery of foods in bulk to the distribution centres. The transport arrangements which were already in use by the Ministry of Food did however continue and these provided for delivery in bulk from four main storage centres, three of which are outside the county ; 147 centres are now stocked by this delivery service weekly. This remains a charge on the Ministry of Food. Where there were purely local transport arrangements working before June, these generally continued and transport has also had to be provided for some of the smaller centres which otherwise could not fit in with the bulk delivery schedules. In all thirty-six centres are stocked by local transport contractors as a direct charge to the County Council of approximately £200 per annum.

Furniture.

Certain items of furniture and equipment were needed to carry on the work at the distribution centres. Although strong representations were made nationally by the Local Authorities Associations that all furniture should be transferred without cost they were unsuccessful and furniture to the value of £200 has been purchased by the County Council from the Ministry of Works.

Insurance of Cars.

Welfare Foods are sometimes conveyed in Nurses' cars, but as these foods are offered for sale the usual insurance clauses do not permit this carriage without special endorsements of the insurance policies at small additional premiums. As it is found much more economical to permit the nurse to convey the food than to hire special transport the additional premiums are being paid by the County Council.

NURSING SERVICES

NURSING STAFF AT 31ST DECEMBER, 1954.

(Figures in brackets denote number with H.V. Certificate.)

	<i>Whole-time.</i>		<i>Part-time.</i>	
Administrative and Supervising	7	(5)	—	—
Health Visiting and School Nursing	64	(63)	3	(2)
Health Vis./Sch. N./Mid./Home N.	46	(19)	—	—
School Nursing	—	—	5	—
Tuberculosis Health Visiting	10	(6)	—	—
Midwifery	17*	(1)	—	—
Dom. Mid./Home Nursing	45	(1)	—	—
Home Nursing	27	—	15	—
D.N./Mid./S.N.	1	—	—	—

* Includes 6 Midwives employed by West Herts Hospital Management Committee at Watford as agents of the Local Health Authority.

SECTION 23—MIDWIFERY.

Report of the County Nursing Officer.

The number of domiciliary confinements has risen from 2,799 in 1952, 3,175 in 1953, to 3,637 in 1954, 3,601 of these being attended by midwives employed directly or indirectly by the Hertfordshire County Council. This considerable increase is largely attributable to the growing population of the New Towns and the continued "screening" by hospitals. It is interesting to note that of the 8,268 confinements in Hospitals and Nursing Homes in Hertfordshire last year, 6,147 related to women normally resident in the County, while a further 717 obtained accommodation in Hospitals or Nursing Homes in the area of other health authorities. The number of cases delivered in institutions and attended by domiciliary midwives on discharge from institutions before the fourteenth day increased from 903 in 1953, to 1,125 last year.

Arrangements for the extension of training areas for the three months' district training of pupil midwives have been satisfactory in the Hemel Hempstead area. At the end of December, eighteen domiciliary midwives were training pupils and negotiations were well in hand for pupils to be sent to the homes of five more midwives. Ninety-two pupil midwives completed the three months' district training during the year.

USE OF GAS AND AIR APPARATUS IN DOMICILIARY PRACTICE.

			<i>Confinements.</i>	
<i>No. of sets available.</i>	<i>No. attended by :</i>		<i>No. in which Gas and Air given.</i>	
	<i>Midwives.</i>	<i>Maternity Nurses.</i>	<i>Midwives.</i>	<i>Maternity Nurses.</i>
88	2,517	1120	2,165 (86·0%)	983 (87·8%)

It will be seen from the above table that the percentage of cases in which gas and air analgesia was administered by domiciliary midwives and maternity nurses continues to rise steadily. By the exclusion of cases attended by private midwives, the percentage is slightly increased to 86·2 per cent and 89 per cent respectively, and I think it is one on which we can expect little further increase.

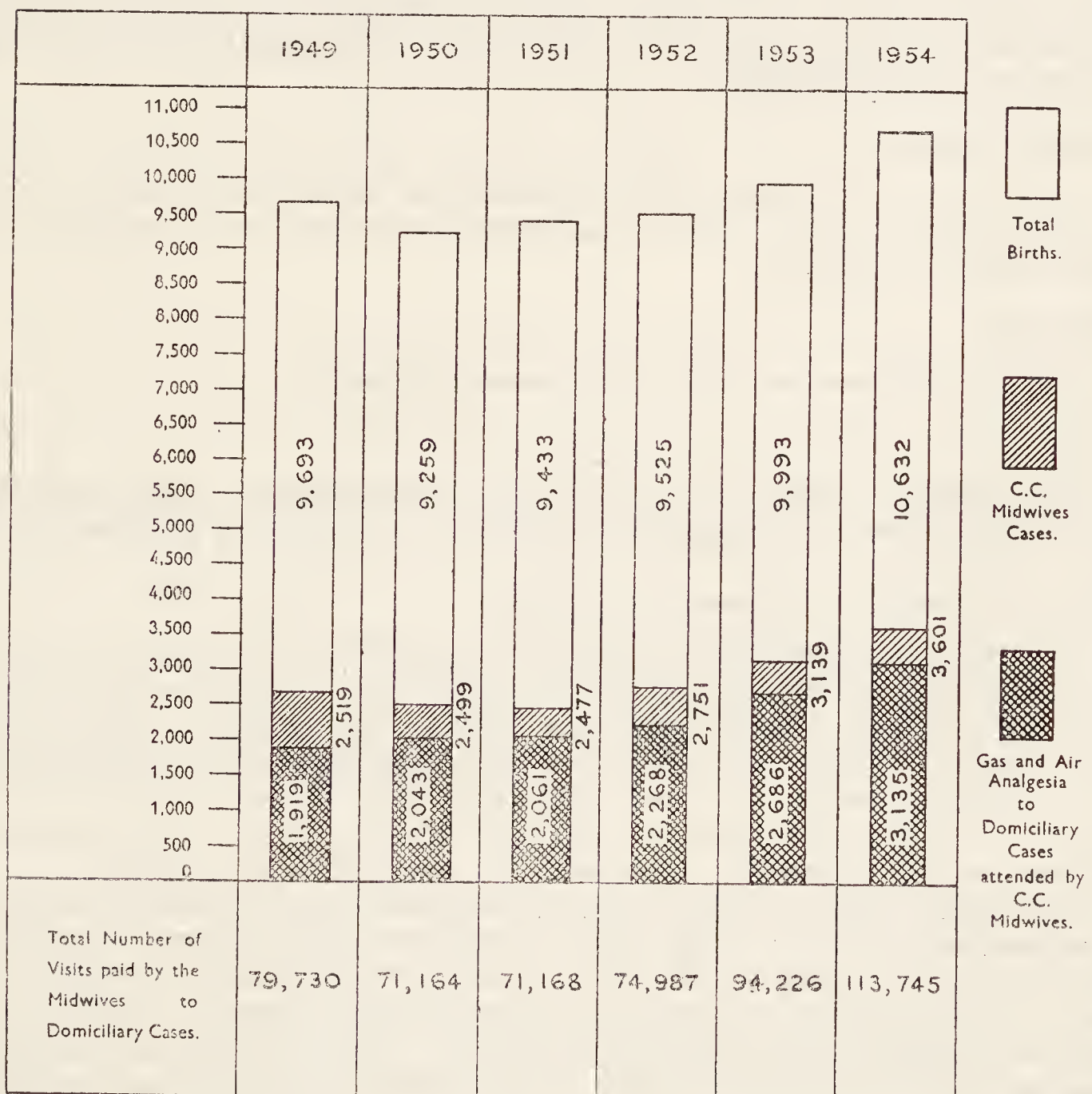
It will be remembered that in 1949, the Central Midwives Board invited the County Council to take part in the experimental use by domiciliary midwives of the C.M. Attachment for the purpose of analgesia in childbirth. After two such trial series, the results of which were reported upon by the County Medical Officer in his Annual Report for the year 1950-51, the Central Midwives Board authorized the midwives in this County to resume the use of the C.M. Attachment. This method is not now greatly used and although fifty-one sets have been adapted for use with the attachment, the number of instances in which they were used in 1954 was 607 of the 3,135 total cases given gas and air by the County Council and Hospital Management Committee domiciliary midwives. This represents an overall percentage of approximately 17 per cent.

Most midwives state that the combination of gas and air with pethidine is very satisfactory.

In October, 1954, the Central Midwives Board authorized the use of trichloroethylene inhalers by domiciliary midwives, as soon as arrangements had been completed with the National Physical Laboratory for the testing of these machines. Six sets were ordered for use by selected midwives for a trial period. Dr. Elam is again kindly undertaking the instruction of midwives in the use of the new apparatus, and the supply will be limited to carefully chosen areas until the results have been proved better than methods already in use.

WORK OF THE COUNTY COUNCIL MIDWIVES.

(With total births attributable to Hertfordshire.)



Dangerous Drugs Regulations, 1954.

These regulations revise the procedure which has to be followed before midwives can be in possession of medicinal opium, tincture of opium, and pethidine. The procedure adopted in this county appears to be working satisfactorily. The nursing officers have been given written authorization by me to enable them to issue orders for the supply of pethidine by the chemists direct to the midwives. The chemists in turn have been given the names of the authorizing officers. Orders for this drug are only given after careful scrutiny of the individual Midwives Registers of Cases, Ante-natal Records, and Drug Registers which are required to be kept by the Dangerous Drugs Regulations. Accounts received from the chemists are checked against the copy orders, and midwives certificates of receipt, before being passed for payment. This procedure allows for the maximum supervision to be exercised over the issue of pethidine under the Dangerous Drugs Regulations.

The following will show the percentage of patients attended who received pethidine during the year.

	1952.	1953.	1954.
H.C.C. domiciliary midwives .	44·2	38·5	39·0
H.M.C. domiciliary midwives .	20·3	19·8	35·4
Private domiciliary midwives .	39·5	30·6	33·3

Ophthalmia Neonatorum.

Seventeen cases of Ophthalmia Neonatorum were notified under the Ophthalmia Neonatorum Regulations, 1926-37, sixteen from hospital and one domiciliary. Ten of these patients removed from the district. The other seven cases were followed-up by our health visiting staff. In no instance was vision impaired and no patient was still under treatment at the end of the year. The majority of these cases were notified from one hospital, but none of them has been of a serious nature.

Refresher Courses.

One Divisional Nursing Officer attended the Supervisor of Midwives' Post Graduate Course and four midwives attended a refresher course arranged by the Royal College of Midwives.

Transport.

All the midwives have the use of motor transport.

M.B.E.

Mrs. Trudgett, who has been District Nurse/Midwife at Redbourn since the 1st April, 1939, was awarded the M.B.E. in the Birthday Honours, of 1954.

Ambulance Service—Emergency Childbirth.

The Ambulance Department continue to send individual reports in respect of each emergency birth which occurs in the home or in the ambulance in transit to hospital. The co-operation between the ambulance men and the midwives is very good, and where possible the midwife is obtained before the birth actually takes place or very soon afterwards. This reveals the care and interest taken by the ambulance personnel, who are to be commended on the adequate way in which they cope with the emergencies as they arise.

The figures supplied by the Ambulance Officer show a considerable increase in the number of cases in which birth actually took place in the ambulance or in the house, either before or after the arrival of the ambulance. Thirty-seven cases were reported in 1954, as against twenty-one in 1953. Thirteen of the thirty-seven births took place in the ambulance. Of the twenty-four which took place in the house, either before or after the arrival of the ambulance, ambulance men were present on eight occasions and helped with the delivery

of the child. The ambulance crew were able to secure the services of a doctor in two instances before the birth and in three instances after birth. The services of the midwife were secured for twelve cases before birth and seventeen after the birth of the baby.

SECTION 24—HEALTH VISITING.

Report of the County Nursing Officer.

At the 31st December, 1954, the number of Health Visitors on the staff (excluding those engaged wholly on Tuberculosis visiting) was 113, 89 of whom were qualified Health Visitors. The corresponding figures for 1953, are 109 and 81. The Ministry of Health continues to extend the dispensation allowing unqualified Health Visitors to carry out health visiting duties for those Village Nurse/Midwives who have for many years been carrying out generalized duties in rural areas, but the Ministry will no longer grant the dispensation to newly appointed staff and is constantly urging that younger members of the existing staff should be encouraged to take the Health Visitor's training. Recruitment during 1954, to our Health Visitors' Scholarship Scheme was the highest on record. Eight candidates completed training during the year (1 as part of the combined Health Visitor/Queen's Nurse's course) and six commenced training in September (2 as part of the combined Health Visitor/Queen's Nurses' course). Without this scholarship scheme it would have been absolutely impossible to staff the numerous New Towns in the County and to fill vacancies as they arose, due to retirement or change of work.

The 1954 statistics show a decrease of 20,828 visits to children 0-5 years as compared with 1953, representing a drop of 13.6 per cent, but this is probably offset by an increase in the number of other types of visits which are more time consuming than present-day infant visiting. Visits to the aged have for example increased from 2,360 in 1953, to 3,629 in 1954. The Health Visitors are also spending more time on problem families.

Problem Families.

In October, 1954, one of the Health Visitors was detailed to concentrate on problem families at Northchurch and Royston Hostels. The results of her work have been very encouraging and revealing, as in most cases a distinct improvement of standard and conduct has resulted and many of the families are being rehoused. The Visitor concerned speaks most highly of the close co-operation she has had from the Clerks, Welfare, and Children's Departments, and the help from the Clerks and Housing Managers of local authorities. Also the contact with the many Social Workers has been extremely good and, although the work is detailed and strenuous, it is certainly worth while. The Health Visitor must follow-up cases at week-ends, evening and at any time that she can make contact with the people whom she is endeavouring to help. Probably more workers will be required for the work as rehoused people will require constant visiting over a period of years before they can be regarded as suitable citizens. (See also page 33.)

Old Persons' Clubs.

Most of the Health Visitors have become members of local committees in their areas dealing with the welfare of Old People. Their knowledge is of great value to the voluntary workers, as often the Health Visitor is the first person to learn of the aged person requiring contact with other people. This means that the Health Visitor is in close touch with all the organizations who run these clubs, and in the districts where the Health Visitor is not a member of the committee she should be encouraged to become one.

Nurseries and Child Minders.

The Health Visitors continue to inspect and pay repeat visits to home and premises registered under the Nurseries and Child Minders Act. The number of Daily Minders has increased from fifteen in 1953, to twenty-eight in 1954, and the number of premises registered as Nurseries has increased from four in 1953, to five in 1954.

Relationship with General Practitioners.

Many of the Health Visitors have maintained good contact with the local General Practitioners in respect of cases visited by them, but it is impossible to relate a Health Visitor's working area to any particular General Practitioner, as the requirements of each differ so much. However, all Health Visitors have been encouraged to make contact with the Doctors personally, or by telephone, in times of difficulty or doubt.

Mothers' Clubs.

Throughout 1954, Mothers' Clubs continued to function successfully at Barnet, Breachwood Green, Waltham Cross, Ware, and Welwyn Garden City, and further clubs were opened at Hoddesdon, Croxley Green, and Stevenage. The last named was given some publicity by the B.B.C. Television Service as an example of one of the ways in which a Health Visitor, while carrying out her primary duty of health education and gaining the confidence of the mothers, could encourage "strangers in a strange land" to get to know each other and become part of the community.

These clubs are equally popular in the well established communities. In one area where the club has been functioning for two years attendances range from thirty to forty at each meeting. The educational value of these clubs may be gauged by the speakers chosen and the variety of lecture subjects; these include domestic economy, housecraft, and the use and making of toys. Good use is made of the Health Department's filmstrip library. Nursing Officers and Health visitors give talks and open discussion groups on family health matters; cookery demonstrations are a popular feature.

Refresher Courses.

The policy of sending full-time Health Visitor/School Nurses to post-graduate courses arranged by the Women Public Health Officers' Association, the Royal College of Nursing and the Central Council for Health Education was continued throughout the year. Some of the courses were residential, some non-residential. The residential courses are of particular value because of the close contact with workers from other areas and the exchange of ideas is found to be very beneficial. The non-residential course are selected, if possible, for the married members of the staff who can easily travel to them without too much disruption of their family commitments.

One-day study courses have also been arranged within the County and the half-day meetings, for which speakers on various subjects are arranged, have continued as in the past, and many useful ideas have arisen from the study groups formed at these meetings. Some of the Divisions have regular meeting groups of Health Visitors and other Social Workers whereby interesting cases can be discussed and knowledge exchanged.

It had been for some time a matter of concern that the Health Visitors did not have a very close relationship with General Practitioners in the county. The British Medical Association's recommendation on co-operation was, therefore, welcomed and meetings with the Practitioners and Health Visitors were held in several areas.

A "Greetings" Card was also sent to all Medical Practitioners in Hertfordshire which included the following statement on the training and work of the Health Visitor and the ways in which she might help Medical Practitioners.

The Health Visitor is to the District Nurse as the Medical Officer of Health is to the General Practitioner. Her minimum training is S.R.N., plus six months Part I Midwifery Training plus Health Visitor's certificate—a nine months' course in medico-social work with special emphasis on the care of mothers and young children. Many hold other certificates, e.g. Children's, Fevers', Tuberculosis Nursing. Fifty-seven of our trained Health Visitors in Hertfordshire are S.C.Ms. and have practised as such and twenty-seven are Queen's Nurses.

The Health Visitor is an essential field-worker in preventive medicine. Her Nursing background is as important to her as medical training is to the Medical Officer of Health.

The Health Visitor may be whole-time, and do only preventive health work (this includes school nursing). She may combine health visiting with district nursing and midwifery.

Originally, her main interest was the health and welfare of the expectant and nursing mother, the infant and the school child. This has now been officially extended to include "persons suffering from illness".

It is clearly important, therefore, that the Health Visitor should establish and maintain a good working relationship with the General Practitioner, recognizing his special interest and responsibility for the family in times of sickness. With such a relationship, her opportunities for observing premonitory symptoms, the knowledge which she shares with him of the family background, and her interest in promoting a return to health will obviously be of great help to the General Practitioner in his curative work. Moreover, this good understanding between the two is equally desirable and beneficial in the "no-man's land" which lies between the maintenance of health, and the treatment of disease.

Some examples of ways in which this co-operation might work in practice are :—

(1) It is part of the Health Visitor's duty to advise ante-natal and post-natal mothers on preparing for or caring for the infant. She will gladly do this in association with the family doctor if requested.

(2) She can be called upon to amplify instructions to patients if the doctor feels that the instructions are necessarily so complicated or the patient so unintelligent that demonstration and supervision are necessary.

(3) Many Practitioners have amongst their patients mothers, young children, or old folks who are liable to require medical care but cannot be trusted to seek advice. The Health Visitor can properly be asked to keep a friendly watch on these people.

(4) There may be people on the borderline of mental or physical ill health who can be kept on the right side by an occasional visit from a sympathetic, stable, and properly trained person such as a Health Visitor.

SECTION 25—HOME NURSING.

Report of the County Nursing Officer.

Of the 134 Nurses employed in home nursing duties at the 31st December, only 27 full-time Nurses and 15 Nurses employed part-time were engaged wholly on home nursing duties. Forty-five were engaged in home nursing and midwifery work, 46 in home nursing, midwifery, health visiting, and school nursing, and 1 was doing home nursing, midwifery, and school nursing work.

The statistics for 1954 show little change in the balance of work, the total number of cases attended being 560 less than in 1953, while the total number of

visits increased from 287,961 to 298,211. This is probably due to many more cases having hypodermic injections, which are often given twice daily. The average number of visits per case for 1954 was 16·5.

Queen's Nurses' Training.

The Watford Training Home absorbed the few candidates to whom scholarships were offered by the Hertfordshire County Council for district training. Two completed the four months' course arranged for the State Registered Nurse/State Certified Midwife, and one completed the six months' course for State Registered Nurses only. In addition two others completed the three months' course for the district training part of the combined Health Visitor/Queen's Nurses' course arranged by the Queen's Institute of District Nursing.

It is most regrettable that it seems impossible to attract the twelve Nurses a year for Queen's training and the six each year for the combined Health Visitor/Queen's Nurses' training, the number considered necessary to maintain the needs of the nursing service. This is probably due to the attractive conditions of Hospital work compared with domiciliary work where the twenty-four hours "on call" service still applies and where the salary is not so favourable.

In addition to the County students, five others were trained at the Watford Home as Staff candidates.

The Queen's Nurse candidates from the Watford Home have been placed with Queen's Nurses on our own staff for the three days' experience of work in the rural areas. Various London training homes have continued to seek our co-operation in this direction and fourteen outside County Nurses have been so placed. This arrangement can only exist where a District Nurse living in a house has no family commitments and, therefore, can offer the time and accommodation for such training. As more married Nurses are employed the training field will become narrower.

Refresher Courses.

Advantage has been taken of the opportunity to send both Queen's and non-Queen's Nurses carrying out home nursing duties to residential and non-residential refresher courses arranged by the Queen's Institute of District Nursing. These have been greatly appreciated and should, if possible, be further extended, as many of the older Nurses away from Hospital for a long time have found considerable alteration in nursing technique.

General Nursing Council's Syllabus Lectures by Divisional Nursing Officers and Health Visitors.

The syllabus for Hospital Student Nurses, which includes lectures on Public Health Services and practical demonstrations, has been adequately covered in this County by the Divisional Nursing Officers or Health Visitors conferring with the Sister Tutors of the various Hospitals, giving the lectures required and arranging practical visits with Health Visitors, District Nurses and Midwives, and to clinics. This arrangement should have far-reaching effects, as Hospital Nurses will now be more fully aware of work in the domiciliary field and many of them may be attracted to follow this up at the completion of their training. Also the link between the Hospital and the Health Visitors is proving very worth while, as contact in respect of other matters is now more easily made.

This County is most fortunate in its recruitment of District Nurses but there still remains districts in the County where the Nurse cannot be fully occupied.

TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1954							1953
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	12,589	3,523	74	382	76	1,397	18,041	18,601
Visits .	229,614	54,842	388	9,709	487	3,171	298,211	287,961

The Welfare Authority for several years met their responsibilities under Section 21(b) of the National Assistance Act, 1948, by accommodating evicted families at Heath Lodge, Royston. In 1951, the accommodation at Heath Lodge was taxed beyond its capacity and the Welfare Committee with some hesitation acquired an ex Land Army Hostel, at Northchurch, Berkhamsted, which was adapted to provide very basic accommodation of twelve units. It was arranged from the outset that the Health Visitors would pay special attention to the families in this Part III accommodation and for a time this was done but changes in staff and difficulties in filling vacancies led to these Health Visiting visits being abandoned.

In 1954 there was an outbreak of sonne dysentery at the Hostel and seven children were involved. The Divisional Medical Officer in his capacity as Medical Officer of Health visited and sent a strongly worded report to the effect that he could accept no responsibility for the control of epidemics amongst people living in the conditions which prevailed at Northchurch Hostel. A visit to the Hostel showed that with good will and co-operation and a sense of responsibility it should have been possible for families to co-exist in this accommodation though, of course, the risk in these circumstances must always be greater than in a normal home. It seemed very doubtful whether very effective help could be given to the people living in the Hostel but in an attempt to achieve this Miss MacIntosh, a senior Health Visitor who for some time had been doing relief work in some of the more difficult areas in the county, was asked to give up all her other duties and tackle the problem of the evicted families at Northchurch. She began her work in October, 1954. It is not possible to report in the two months which remained in the year any substantial and obvious progress but it is perhaps permissible to anticipate the future by saying that in my 1955 Report I hope to deal in more detail with this most interesting experiment.

In March the Chairman of the local Hospital Management Committee called on the County Medical Officer to see whether co-operation with the County Nursing Services might not be of value in doing something to relieve the existing stale-mate in the chronic sick unit serving the district. It had been found that the shortage of beds and the very long waiting list had led virtually to a standstill in the unit apart from vacancies created by death.

The Hospital Committee were offered any help possible; a conference with the Medical Officer of the chronic sick unit was arranged and various possible lines of action were discussed. It was recognized that it was going to be difficult to achieve anything but the Medical Officer felt that even if the waiting list could be reduced to realistic proportions it would be of value.

Selected members of the Public Health Nursing Staff were shown over the chronic sick unit, and given some account of what was being done to restore people to health and return them to the community so that the nurses in the course of their work would be qualified to judge which cases were likely to benefit by a stay in the chronic sick unit and which were merely going to occupy a bed there until death supervened. It was stressed that a Chronic Sick Unit must have a proportion of cures otherwise the unit achieves very little and

becomes prejudiced in the minds of the public. The Nurses readily promised to help in any way they could and during the remainder of the year they were called upon to report on fifty-eight persons whose names were on the waiting list. The ages of these people varied between sixty and ninety-one years.

As a result of the information obtained by the nurses the Medical Officer was able to cull the waiting list and make the most profitable selection of cases for urgent admission. In some cases it was possible under this arrangement to have elderly people admitted for short-stays to the Chronic Sick Ward in order to give the relatives a short relief from the care of these patients.

SECTION 26—VACCINATION AND IMMUNIZATION

	At Clinics	By Private Doctors	Total
<i>Vaccinations—</i>			
Primary	2,365	3,627	5,992
Re-vacs.	25	830	855
	2,390	4,457	6,847
<i>Diphtheria Immunizations—</i>			
Primary	5,425	4,311	9,736
Boosters	6,210	1,883	8,093
	11,635	6,194	17,829
<i>Whooping Cough Immunizations—</i>			
Primary	4,791	3,462	8,253
Boosters	48	412	460
	4,839	3,874	8,713

The above Table shows the number who received during the year immunization against whooping cough and diphtheria and vaccination against smallpox.

Although 1954 was only the second year during which was offered protective injections against whooping cough in all our Welfare Centres and Immunization Clinics a creditably high percentage of parents took advantage of this safeguard for their young children.

TABLE 15.

VACCINATIONS.

Year	Primary		Revaccinations	Total during year	No. of live births during year	Percentage vaccinated under one year of age
	Under one year of age	Over one year				
1947	3,405	484	427	4,216	11,065	30·8
1948	2,400	324	563	3,287	9,756	24·6
1949	2,562	560	966	4,088	9,236	27·7
1950	3,434	1,128	1,737	6,299	9,085	37·8
1951	3,924	1,804	3,004	8,732	9,225	42·5
1952	3,979	1,225	1,772	6,876	9,341	42·6
1953	4,330	945	1,323	6,598	9,811	44·2
1954	4,827	1,165	855	6,847	10,424	46·3

Though the percentage vaccinated shows a slight increase it is still much too low. It may be argued that there is no urgency to have infants vaccinated because there is no smallpox but this is not the whole story. Most children will in time require vaccination for one reason or another and there are many advantages in having primary vaccinations done in infancy.

DIPHTHERIA IMMUNIZATION.

<i>Year.</i>	<i>Number of Children who completed a Full Course of Primary Immunization.</i>		<i>Number given a Reinforcing Injection.</i>
	<i>Under 5 years of age.</i>	<i>Over 5 years of age.</i>	
1949 . .	7,047	1,449	5,946
1950 . .	6,319	1,037	6,610
1951 . .	7,527	1,015	8,102
1952 . .	6,796	856	8,402
1953 . .	6,560	945	8,117
1954 . .	8,835	901	8,093

Four cases of diphtheria (Table 16) were notified in Hertfordshire. Three were children from one family, and the only death (Table 17)—the second in six years—was one of these children. This family had shortly before come into the County from London, and the child who died had not been immunized. The fourth case was a man who was subsequently regarded as being a carrier and not an actual case of the disease.

With so large a part of the yearly increase of population in the County coming from outside our borders, it is not possible to know the exact percentage of children under five immunized against diphtheria, but it would appear to be near to the 75 per cent which the Ministry of Health have mentioned as the minimum percentage desirable. One cannot, however, emphasize too strongly the need for all parents to have their young children immunized. The small number of injections required for this protection can surely not be regarded as too great a "nuisance" to parents when one remembers the dangerous nature of this disease not so very long ago.

TABLE 16.—DIPHTHERIA NOTIFICATIONS, 1925-1954.

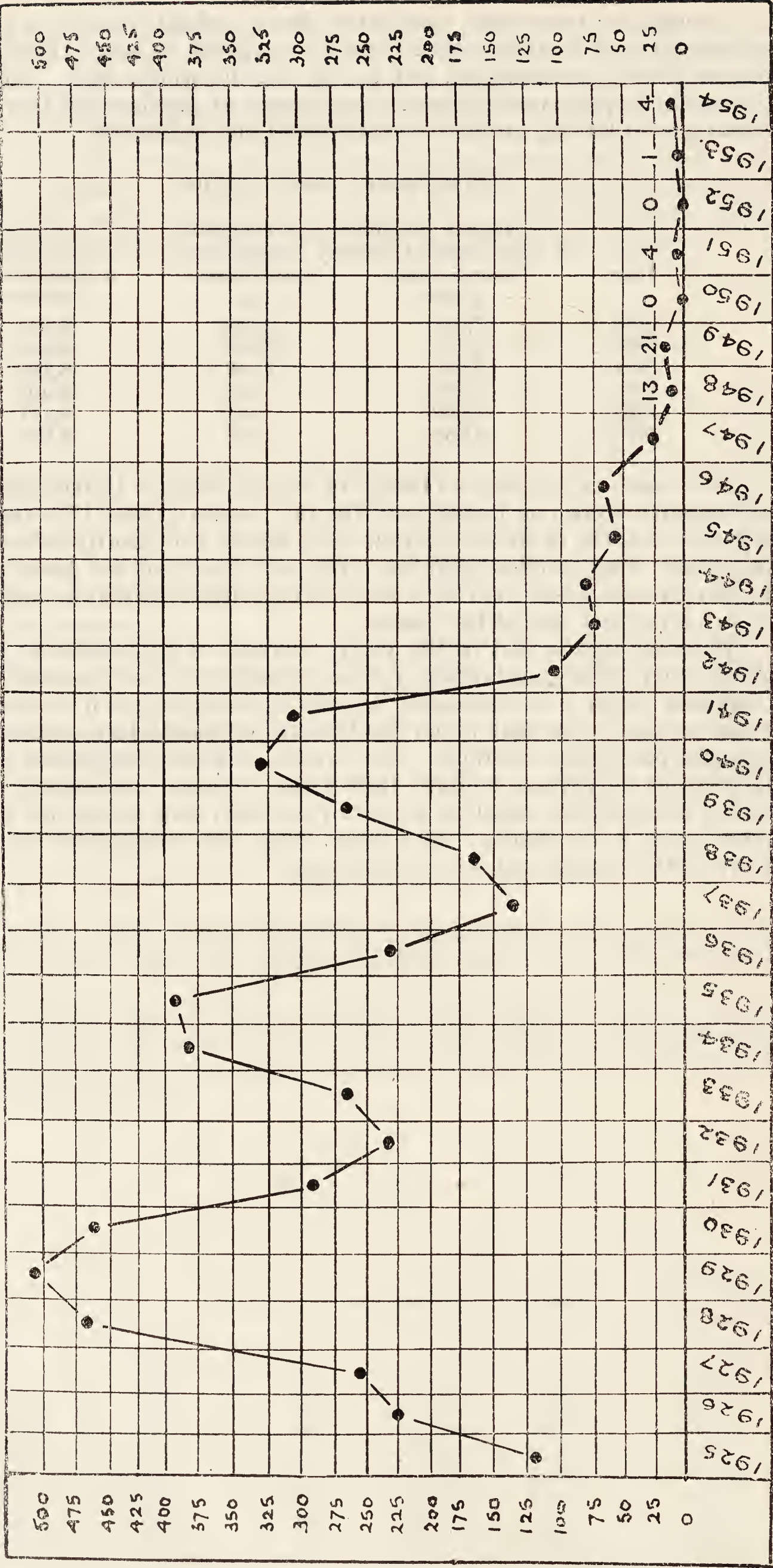
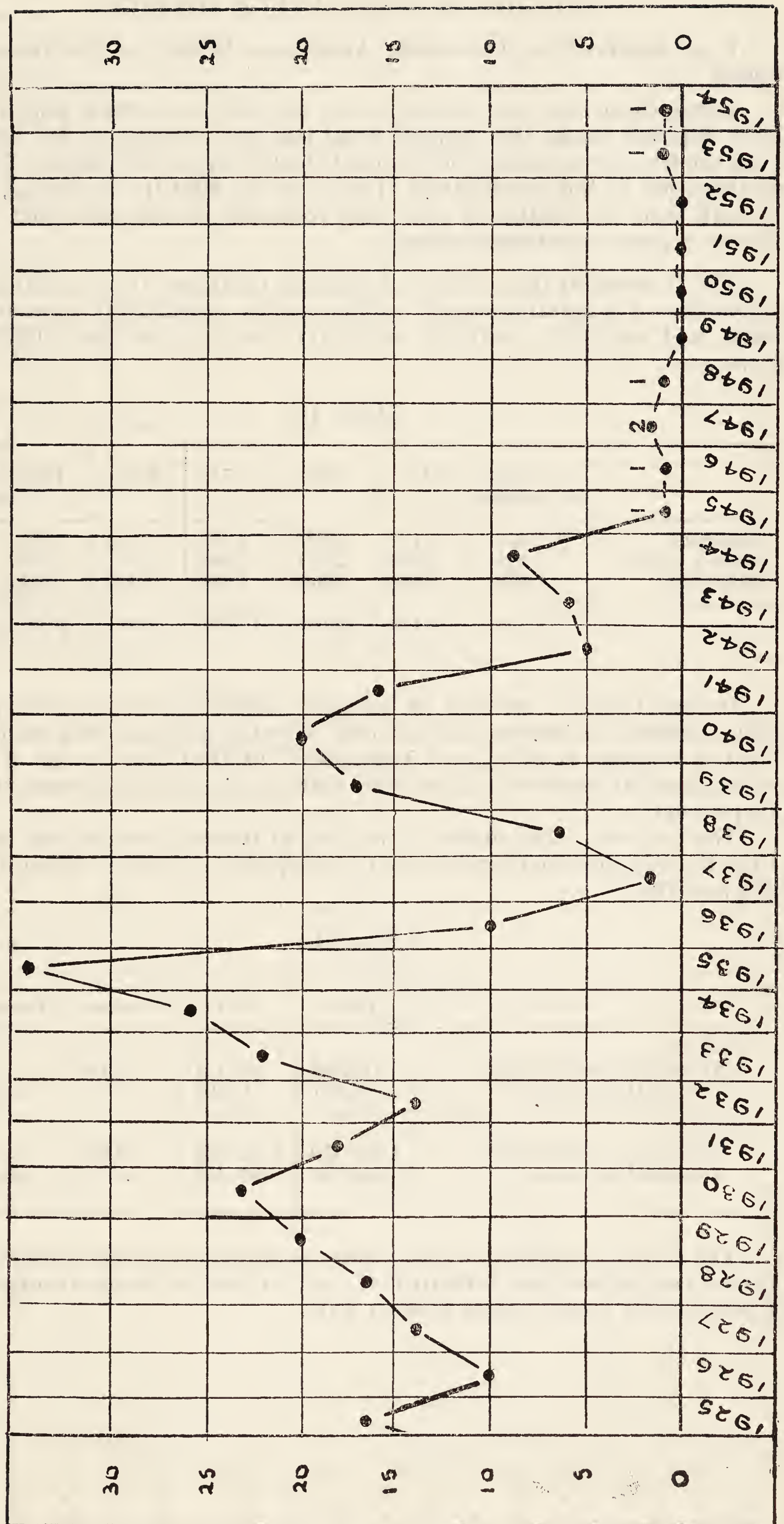


TABLE 17.—DIPHTHERIA DEATHS, 1925-1954.



SECTION 27—AMBULANCE SERVICE.

I am indebted to the County Ambulance Officer for the report which follows :—

Demands on the Ambulance Service continue to increase and the graph given opposite shows this upward trend that has proceeded since July, 1948, when the free service under the National Health Service Act began. There was an alteration in the classification of cases by the Ministry in August, 1951, as up until then the number of calls were recorded whereas after that date the number relates to patients carried.

The increase in the number of patients continues to be entirely due to conveyance of hospital removals, as the number of accidents, cases of sudden illness, and maternity continues to remain consistent, as the following table shows :—

TABLE 18.

	1948 (6 months)	1949	1950	1951	1952	1953	1954
Accidents .	1,273	3,177	3,560	3,960	4,236	4,574	4,855
Sudden illness .	1,398	3,298	2,971	2,584	2,387	1,930	1,659
Maternity .	1,639	3,650	3,547	3,691	3,784	3,654	3,788
	4,310	10,125	10,078	10,235	10,407	10,158	10,302

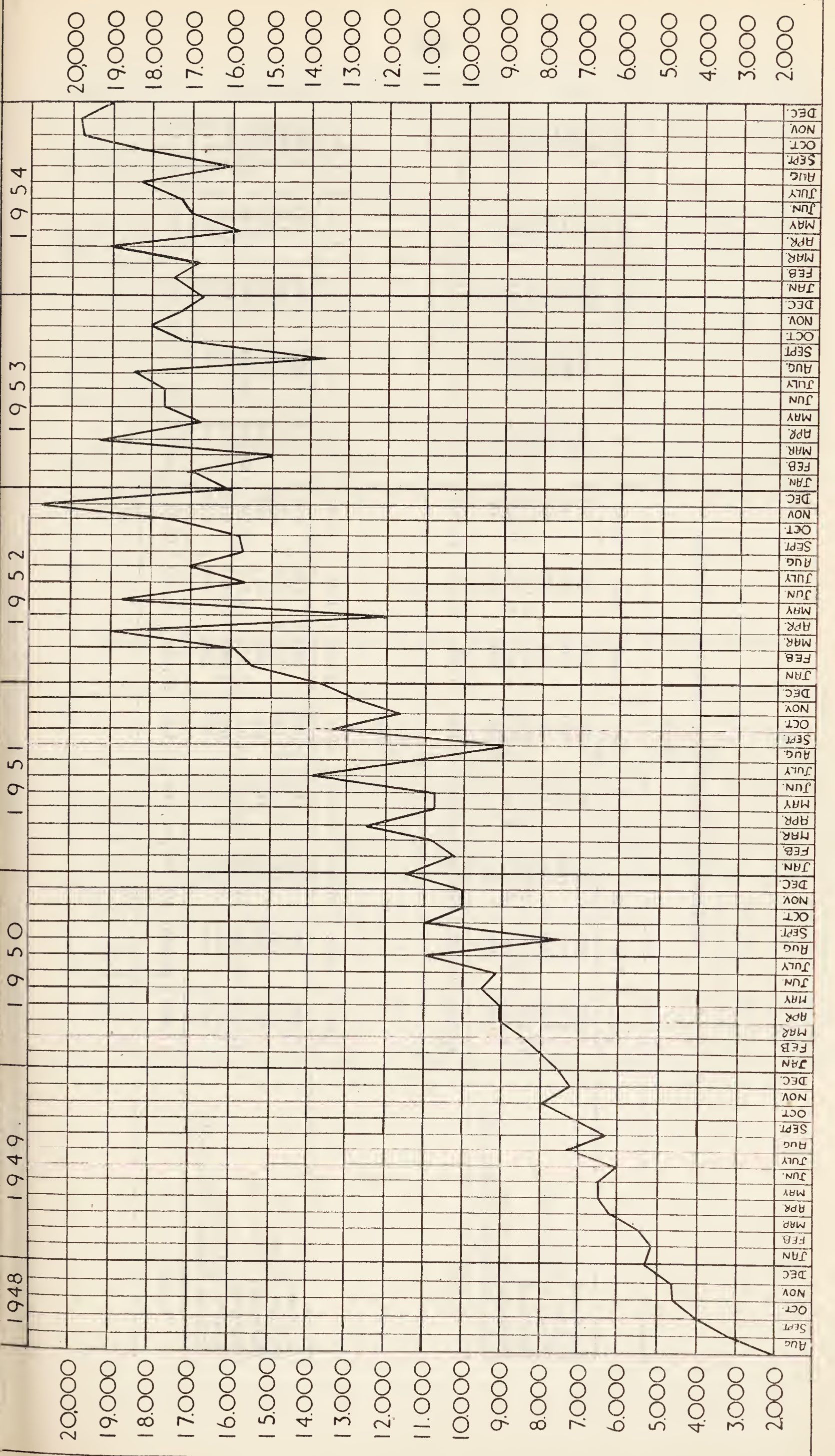
During 1953 the number of patients carried by the directly provided service showed an increase of 6 per cent over the previous year with a corresponding increase in mileage of 5 per cent. In 1954 the number of patients carried shows an increase of 25 per cent, with a corresponding increase in mileage of 8 per cent.

The following table shows the number of patients and mileage in respect of the directly provided service and the Hospital Car Service during the years 1953 and 1954.

TABLE 18A.

	1953	1954	Increase	Decrease
<i>Patients.</i>				
Directly provided Service .	146,008	183,191	37,183	—
Hospital Car Service .	58,671	27,509	—	31,162
<i>Mileage.</i>				
Directly provided Service .	1,269,159	1,367,828	98,669	—
Hospital Car Service .	552,246	369,457	—	182,789

The directly provided service shows a reduction in the average number of miles per patient from 8.69 to 7.47, and an increase in the average number of patients per journey from 2.56 to 3.05.



DETAILS OF PATIENTS CONVEYED EACH MONTH.
1953.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	290	261	354	397	418	405	426	463	386	385	345	444	4,574
Sudden Illness	218	199	188	166	170	153	164	146	134	136	127	129	1,930
Maternity Removals	339	309	374	312	320	314	308	269	318	297	238	256	3,654
Removals	11,896	10,415	12,340	10,873	11,339	11,544	12,192	9,355	11,051	12,024	11,545	11,276	135,850
Hospital Car Service	4,972	4,742	5,729	4,908	5,056	4,917	5,146	3,669	5,211	4,965	4,841	4,515	58,671
Isolation Hospital (Removals)	230	250	245	202	187	236	252	100	183	152	214	201	2,452
Totals	17,945	16,176	19,230	16,858	17,490	17,569	18,488	14,002	17,283	17,959	17,310	16,821	207,131

1954.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	326	304	326	358	392	451	448	437	453	475	444	441	4,855
Sudden Illness	154	151	145	139	118	121	136	130	122	132	158	153	1,659
Maternity Removals	303	308	335	354	332	280	341	323	324	304	282	302	3,788
Removals	12,183	12,286	14,052	13,063	15,042	14,516	15,195	13,247	15,525	16,458	16,539	14,783	172,889
Hospital Car Service	4,276	3,681	4,047	1,703	956	1,662	1,984	1,643	1,540	1,896	2,099	2,022	27,509
Isolation Hospital (Removals)	207	138	233	197	209	252	245	141	254	208	207	221	2,512
Totals	17,449	16,868	19,138	15,814	17,049	17,282	18,349	15,921	18,218	19,473	19,729	17,922	213,212

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER CARE.

The demands upon the services under this Section of the Health Act have not eased during 1954, but the overall increase in demand has not continued to rise as steeply as in previous years.

The care and aftercare of those with tuberculosis still forms the main part of our provision under Section 28, and the extracts from the reports of the Chest Physicians and Almoners show what is being done throughout the County. The death rate from this disease (See Table 21) shows a further fall from 1953, and even the notification rate (Table 19) has decreased slightly.

Transfers into the County of many persons with the disease already under treatment or supervision continue, adding considerably to the work of the clinics and the outside staff. Table 20 shows the number of new cases notified in 1954 in the County Districts, and the number of persons already notified who transferred into them.

The Rehabilitation Centre of the Ministry of Labour in Letchworth received its usual quota of patients for training, but a greater number than hitherto came into the Elstree and Watford Rural Districts. These came mainly into the Boreham Wood Estate, which now extends over the border of Elstree Rural into Watford Rural District.

TABLE 19.

NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1952				1953				1954			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	193	138	331	0·75	212	172	384	0·84	214	152	366	0·78
Rural . . .	92	72	164	0·86	70	60	130	0·67	88	59	147	0·72
County . . .	285	210	495	0·78	282	232	514	0·79	302	211	513	0·76
<i>Non-Pulmonary.</i>												
Urban . . .	21	41	62	0·14	12	28	40	0·08	15	23	38	0·08
Rural . . .	11	11	22	0·11	10	17	27	0·14	7	19	26	0·12
County . . .	32	52	84	0·13	22	45	67	0·11	22	42	64	0·09
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	214	179	393	0·88	224	200	424	0·93	229	175	404	0·86
Rural . . .	103	83	186	0·98	80	77	157	0·81	95	78	173	0·85
County . . .	317	262	579	0·91	304	277	581	0·89	324	253	577	0·85

TABLE 20.

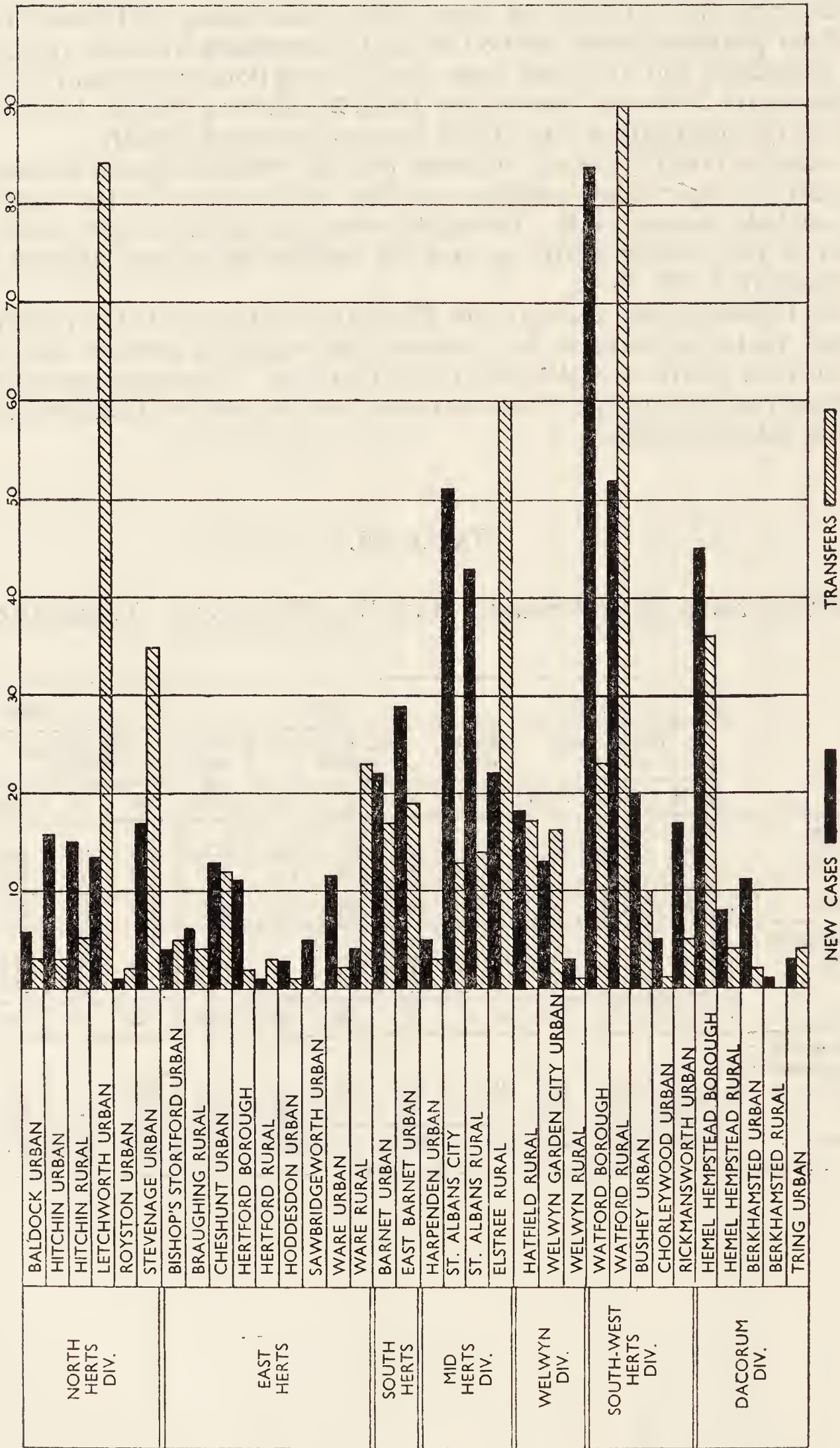


TABLE 21.—TUBERCULOSIS (RESPIRATORY)—DEATH RATE, 1925-1954.
Per 1,000 Population.

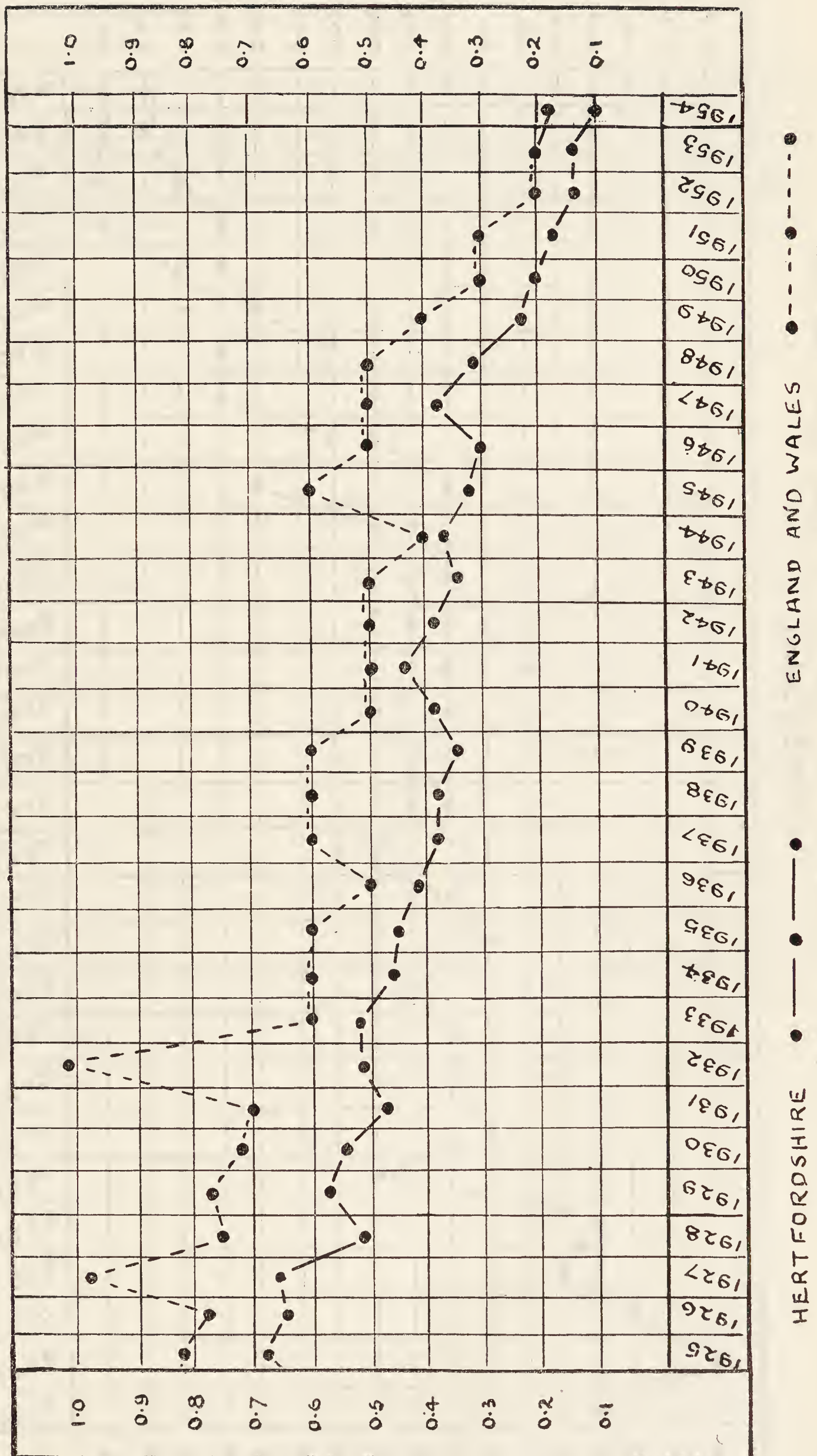
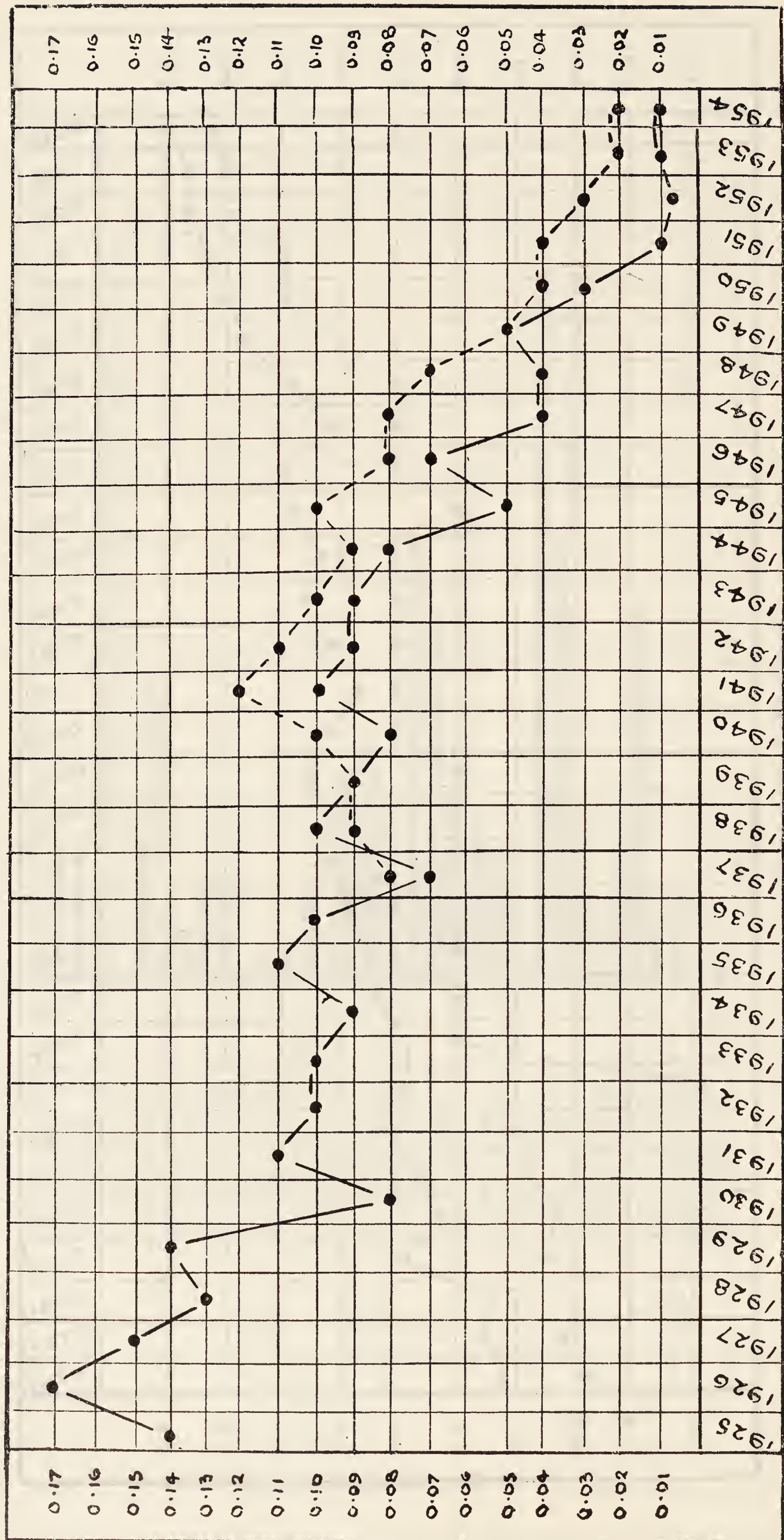


TABLE 22.—TUBERCULOSIS (OTHER THAN RESPIRATORY)—DEATH RATE, 1925-1954.
Per 1,000 Population.



HERTFORDSHIRE ———— ● ————
ENGLAND AND WALES - - - - ● - - - -

REPORTS OF CHEST PHYSICIANS.

DR. A. G. HOUNSLOW.

Introductory remarks.

The process of overall expansion in the work of the Barnet Chest Clinic noted in previous years continued during 1954, but the following table of general comparative statistics shows that in several respects the peak appears to have been reached, and that there are even indications of a decline in some departments of the work. Refills have decreased steadily and this may reflect a slowly diminishing incidence of pulmonary disease as well as changes in medical policy.

GENERAL COMPARATIVE STATISTICS.

1949-1954.

		1949	1950	1951	1952	1953	1954
New patients		442	672	715	792	844	726
Old patient attendances		1,737	1,736	1,952	2,464	3,170	3,218
New contacts		222	276	206	325	348	353
Old contact attendances		155	397	392	584	898	947
Refills		1,646	2,442	4,785	7,830	8,813	7,823
Total attendances		4,202	5,523	8,050	11,995	14,073	16,654*
New notifications	TB +	61	53	59	66	46	39
	TB -	35	40	35	22	38	39
	Total	96	93	94	88	84	78
Transfers from other districts		32	34	73	145	126	156
Tuberculosis Register at 31st December		563	734	699	846	962	1,089
Patients with positive sputum during last six months		29	46	62	70	51	48
Deaths, all causes		9	22	16	12	16	23

* Includes 3,584 attendances for X-ray only.

New notifications.

During the year, seventy-eight newly-notified cases were added to the register and the following tables show the age and sex distribution, Ministry of Health classification and distribution by districts :—

NEW NOTIFICATIONS 1954, AGE AND SEX DISTRIBUTION.

Age Groups	Respiratory		Non-Respiratory		All Forms		Total
	M	F	M	F	M	F	
0-4 . . .	—	—	—	—	—	—	—
5-9 . . .	—	1	—	1	—	2	2
10-14 . . .	3	2	1	—	4	2	6
15-19 . . .	1	2	2	—	3	2	5
20-24 . . .	4	6	1	1	5	7	12
25-29 . . .	1	—	1	1	2	1	3
30-34 . . .	4	3	1	1	5	4	9
35-39 . . .	6	1	1	2	7	3	10
40-44 . . .	3	—	—	2	3	2	5
45-49 . . .	4	2	—	—	4	2	6
50-54 . . .	3	1	—	—	3	1	4
55-59 . . .	1	2	1	—	2	2	4
60-64 . . .	2	—	—	—	2	—	2
65 + . . .	4	6	—	—	4	6	10
Total . . .	36	26	8	8	44	34	78

Note.—This distribution is remarkably similar to that observed in 1953. New cases continue to arise in the 65 + Group.

NEW NOTIFICATIONS, 1954, CLASSIFIED ACCORDING TO DISTRICTS.

District	Respiratory				Non-Respiratory				All Forms			
	M	F	C	Total	M	F	C	Total	M	F	C	Total
Barnet Urban . .	10	6	2	18	2	3	1	6	12	9	3	24
East Barnet Urban .	13	10	2	25	3	—	—	3	16	10	2	28
Elstree Rural . .	8	4	2	14	2	4	1	7	10	8	3	21
Parts of Watford Rural . .	—	2	—	2	—	—	—	—	—	2	—	2
Parts of Hatfield Rural . .	2	1	—	3	—	—	—	—	2	1	—	3
Total . . .	33	23	6	62	7	7	2	16	40	30	8	78

Note.—East Barnet continues to provide the largest number of new respiratory cases. The Elstree figures include six patients (M. 4, F. 2) diagnosed at Shenley Hospital and with home addresses outside the County. The remaining females were transfers in from London, already under observation for suspected tuberculosis. Very few cases therefore arose *de novo* in the Elstree area and those few appear to be in the old residential area, not the new housing estate.

Contact Examinations.

During the year, 353 new contacts were examined and there were also 947 old contact attendances.

In addition, surveys were carried out at two County Primary Schools because of newly diagnosed disease in pupils or staff (Details will be given in a later section of this report).

This is the largest volume of contact work so far carried out here in one year, and as the result of all this mass of work, not one case of active tuberculosis was discovered (There is one apparent exception, in that a domestic was discovered during one of the school surveys to have an active minimal lesion, but in view of the fact that she joined the staff subsequent to the illness of the two pupils concerned, this finding must be regarded as a coincidence).

This is relevant to the comment in my report for 1952, in which I cast a doubt on the value of repeated routine examinations of children of school age who are contacts of non-infectious cases, although such surveys are no doubt useful from a research point of view.

B.C.G.

Eighty-six persons received B.C.G. as follows:—

Hospital Nurses	11
Newly-born infants in hospital	34
Out-patient contacts	41
	<hr/>
	86
	<hr/>

School Surveys.

Two County primary schools were surveyed during the year as part of the contact scheme.

School No. 1.

This school was surveyed because two ten-year-old boys developed primary pleural effusions.

Pupils were skin-tested with tuberculin jelly (no flour paper), and pupils and staff were mass X-rayed.

The findings were as follows:—

Tuberculin Testing.

Tested	543
Refused	48
Absent	71
	<hr/>
	662
	<hr/>
Positive	6
Negative	530
Doubtful	7
	<hr/>
	543
	<hr/>

(N.B.—This low incidence of positive reactors may be partly attributable to the non-flour paper technique employed.)

Note.—The six positive children all had normal miniature X-ray films, and two were already known to the Clinic as “contacts”.

*X-rays.**Pupils—*

X-rayed	630
Recalled	38*
Already under supervision—quiescent	3
Already under supervision (collapsed lobe)	1
Already under Orthopædic Surgeon	2
Healed lesions	2
Heart lesion (already known)	1
No further action	29
Total	38*

Staff—

X-rayed	35
Active pulmonary tuberculosis	1*
Normal	34
	35

* As already noted above, this patient joined the School after the two pupils were diagnosed, and the finding is therefore coincidental.

School No. 2.

This survey was carried out because a teacher was found to have an active lung lesion (laryngeal-swab positive).

Pupils were skin-tested with a modified flour-paper method (three light strokes only), using a plain jelly as a control.

The findings were as follows :—

Tuberculin testing.

Tested	218
Absent	22
Refused	—
Total	240
Positive	29
Doubtful	4
Negative	155
	(15%)
	(85%)

Note.—In Classes 1 and 2 with which the teacher came into closest contact, there were 21 positive and 1 doubtful, an incidence of 27·5 per cent compared with 8 per cent for the rest of the School. These figures would appear to be significant.

*X-rays.**Pupils—*

X-rayed	218
Absent	22
Refused	—
Total	240
Normal	208
Recalled	10
Calcified lesions	3*
Congenital heart	1
Normal	6
	10

* Two already known to Clinic and all jelly-positive.

Staff—

X-rayed	9
Normal	8
Inactive lesion, already known	1
	9

General Remarks.

In view of the space taken up by the foregoing tables, general remarks will be reduced to a minimum.

In general, the work has proceeded smoothly, although there have been minor difficulties owing to the cramped nature of the temporary premises provided during the rebuilding of the new clinic, which should open early in 1955.

The Hospital Management Committee have given permission to increase the Clinic Sister's Sessions to full-time with the reopened clinic, and this should release the Health Visitors for more visiting, although they will continue to attend some of the clinic sessions.

A review of the clinic register suggests that it will be possible to remove many patients as recovered during 1955, and although the numbers transferred in during 1954 (mainly to Boreham Wood) exceeded those in 1953, yet there are indications that this excess of work is now decreasing, and it looks as though the register will be considerably smaller by the end of 1955. This will, of course, mean that there will be more time and opportunity to carry out the "detective" work associated with new cases as they arise, and also to devote time to educational and preventive aspects.

DR. N. A. NEVILLE.

The work of the Hertford and Bishop's Stortford Chest Clinics shows little change as compared with previous years, except that fewer cases have been transferred into the areas of these two clinics. The cases newly diagnosed are well scattered over the area and show no particular relation to the new housing estates.

It is hoped that the new chest clinic premises in Hertford will be ready for operation early in 1955, and that the improved radiological facilities will enable some expansion of our work on both the diagnostic and preventative side.

By the end of 1954, all waiting lists for pulmonary tuberculosis cases had been virtually abolished throughout the region and most of the hospitals concerned now have always a few empty beds; for this reason, very little domiciliary treatment is now carried out in this area.

(1) New cases of pulmonary tuberculosis added to Register during 1954—

(a) From G.P.s	26
(b) Routine X-ray	—
(c) Contact examination	8
(d) Suspects	1
(e) Transfers in	27
(f) Hospitals	7
(g) Mass Radiography	7
	—
	76

(2) Number of home contacts involved in above new cases	149
(3) Number of contacts called for examination	149
(4) Number of these seen	139
(5) Number skin tested (positive)	28
(6) Number skin tested (negative)	29
(7) Number X-rayed	139
(8) Number of these found to have tuberculosis	7
(9) Number kept under observation	114
(10) Number given B.C.G.	29

DR. P. W. ROE.

The outstanding event of 1954, has been the completion of the new Chest Clinic at the Peace Memorial Hospital, Watford. This chest clinic was originally decided upon in 1948, when the North-West Metropolitan Regional Hospital Board took over from the Hertfordshire County Council the responsibility for in-patient and out-patient treatment of tuberculosis patients. In 1951 plans

were drawn up by the regional architects and submitted to the Ministry of Health for approval. Permission to start building was eventually given in November, 1952, and the building was completed and ready for occupation in June, 1954.

During the intervening six years a chest clinic service had been developed in temporary premises at Shrodells Hospital. Conditions in these premises were unsatisfactory and the service given suffered accordingly. It has now become possible for the first time to offer a full chest clinic service in South-West Herts. In particular the addition of an X-ray department at the Chest Clinic makes a complete service available, and eases the burden on all concerned.

The Chest Clinic is now organized in five departments :—

1. Medical.
2. Nursing.
3. Radiology.
4. Clerical—administrative.
5. Almoner's Department.

The staffing is mixed, in that some personnel are employed by the County Council, while others are employed by the Hospital Management Committee. The division does not follow fully rational lines but is the result of agreement. The practical point is that the staff as a whole work as a team under the leadership and general direction of the Consultant Physician who has full charge of the clinic as a whole and is responsible separately to the two authorities for the two sections of the service.

This new clinic became occupied during June, 1954, and the rest of the year has been largely spent getting settled into the new quarters. The removal of a large enterprise of this sort inevitably caused some dislocation. Attendances fell after the move, and a considerable time has been taken up getting used to the new procedures necessary to meet the new conditions. The clinic was officially opened early in January, 1955, by the Hon. John Fremantle, Chairman of the North-West Metropolitan Regional Hospital Board. The occasion was a memorable one, and it is now hoped that 1955, the first full year in the new clinic, will show a real advance in the difficult work of combating tuberculosis.

The number of cases on the tuberculosis register continues to increase especially in the new town at Hemel Hempstead. It is hoped that the North-West Metropolitan Regional Hospital Board will, one day, agree to build a chest clinic at Hemel Hempstead.

The excellent occupational therapy scheme which we were able to introduce some time ago in connection with the British Red Cross Society came to an end during the year, owing to the fact that the member living in Watford ceased to be available and has not been replaced by the Society. The present arrangements are not satisfactory.

In conclusion I would like to emphasize that the work is increasing. The provision of new facilities makes it possible to tackle the problems more fully. This in turn means that more help is necessary.

There is a need for another tuberculosis visitor and another half-time Almoner to be added to the staff provided by the County Council to deal fully with all the work that needs to be done in this field. On the Regional Board side there is need for two clerks and one half-time Medical Officer.

It is to be hoped that the two authorities will be able to meet these needs and will not find that financial shortages constitute a barrier to expansion. It can be said with particular point that it is a false economy to fail to meet the needs of the tuberculosis services at this stage. The disease can be conquered in a few years if the means are given. It would be a pity to spoil the ship for a ha'porth o' tar.

DR. J. B. SHAW.

As far as beds are concerned, the situation still remains acute and the only emergency tuberculous beds provided on a regional basis are situated in Luton.

Fifty-four patients were admitted to hospital, twelve of these with a view to surgery. Forty-one cases were treated on a domiciliary basis at home. Of the sixty-four new cases notified in the year 1954, fifty-six had respiratory tuberculosis. Thirty-five of the latter were open cases, that is, the sputum contained tubercle bacilli.

School Survey.

Following the finding of a pupil with tuberculosis, the entire staff of the school was X-rayed and the school children tuberculin tested. Although 250 people were involved, no source case was found.

New Cases of Pulmonary Tuberculosis notified in 1954.

<i>Positive.</i>					<i>Negative.</i>				
<i>Under 25.</i>			<i>Over 25.</i>		<i>Under 25.</i>			<i>Over 25.</i>	
<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>
2	5	1	17	10	4	4	2	9	2

No. of patients admitted to hospital	54
No. of patients discharged from hospital not on full grade	32
No. of cases admitted for surgery or with a view to surgery	12
No. of patients who received chemotherapy at home	41
No. of patients attending for collapse therapy	105

Number of New Cases of Tuberculosis added to Register during 1954.

Positive	36
Negative	28
(a) From General Practitioners	32
(b) From M.R.U.	7
(c) By examination of old and new contacts	4
(d) Diagnosis of cases under observation on 1st January, 1954	—
(e) Other sources—	
Other Consultants	14
Other Chest Clinics	2
Hospital staff	2
Services	3

		<i>Per cent.</i>
(1) No. of new contacts	532	
No. of new contacts examined	493	
No. of new contacts—skin test positive	226	42.5
No. found to have clinical tuberculosis	2	
(2) No. found to be skin test negative	267	
No. given B.C.G.	67	12.5
(3) No. of new contacts who failed to attend	39	

ALMONER'S REPORTS.

SOUTH-WEST HERTS DIVISION.

From the case-worker's angle, care and aftercare work with the Tuberculous provides a complete cross section of all types of families and individuals, from the problem family—to use the term now current—to the self reliant and independent family, or from the over-anxious patient to the more placid individual with his greater ability to adjust himself to illness.

Nevertheless, long term illness, such as tuberculosis, produces, in the main a similar series of needs for all patients. The varying ways in which each patient or family uses the available services gives some insight into many problems connected with health and social welfare and makes some kind of social diagnosis possible. For example, a wage earner becomes a diagnosed case of tuberculosis

and is unfit for work. Subsequent knowledge of the family reveals to the Almoner a low standard of living not commensurate with the patient's previous earning capacity. The Almoner, in such a case, is faced not only with the task of advising on the changed economic situation but may have to help with other basic needs, such as adequate bed and bedding for the family, as well as for the patient. The first question which obviously arises in a case of this kind is why such a situation should exist when earnings have been reasonably good. Irresponsibility is often the root cause. This may be deliberate irresponsibility on that part of the husband, who fails to give his wife sufficient house-keeping money to maintain the home adequately, or it may arise from a poor standard of intelligence. Often the former problem can be overcome more easily because the total management of the family finances passes to the wife with the illness of the husband. It is the problem of low intelligence which is more difficult to contend with, since greater and continued supervision is required in order to ensure that the statutory allowances and voluntary help are used to the best advantage. It does seem that a low standard of living to-day is less likely to be due to low income, except in cases of long-term illness, than in the past.

A reduced income on account of long-term illness is another matter, however, and in the opinion of the Almoner every possible form of help should be made available, with the object of restoring or maintaining health, and in order to combat the high cost of essential foods and the inevitable renewals, such as clothing. Such help is often as necessary for the family as for the patient. It is equally important that all help given over and above the statutory forms of help should be wisely given as a means to an end, thus preserving the individual's own sense of independence, or in endeavouring to inculcate it where it may be lacking.

During 1954, the Almoner registered a total of 375 cases needing specific forms of help, as compared with 240 in 1950. This increase is due in part to the increase in the number of patients attending the Chest Clinic, but it is suggested that it is also the result of more intensive work in the clinic on the care and after-care side. The Almoner has continued to see all newly diagnosed cases, as well as those patients referred during the course of their treatment or convalescence. Where any intensive case work is undertaken, follow-up may extend over an indefinite period.

Often patients will seek the advice of the Almoner on some general problems or worry. Such cases have not been registered as case work but they, nevertheless, require considerable time and thought. Often all that the Almoner can be said to have done is to provide a ready ear to someone who must be given an opportunity to unburden himself, and having done so feels the better for it.

Home Help.

During 1954, fifty-three cases were referred by the Chest Physician as requiring Home Help. As in previous years, the majority of cases recommended were those housewife-patients who need domestic help following Sanatorium treatment, or who need it in order to maintain their progress. Such patients may need six to ten hours help weekly. The phrase "Help with the heavy" appears to have been coined and its implications are readily understood by all concerned. It is assumed that the provision of Home Help for the quiescent housewife-patient is regarded as a constructive and preventive form of care. It is disappointing, therefore, when such cases as these suffer cuts from time to time when, presumably, the demands on the Home Help Service are at their heaviest.

Throughout the year there has again been a noticeable decrease in the number of Tuberculosis cases appealing against assessment. When an appeal has been made there is usually some good reason why special consideration should be given.

There is one category of cases which does, however, cause difficulty. This is in the case of the family where the assessable income is high. The patient or husband maintains, however, that the charge cannot be met and so the help is cancelled—this being counter to medical advice.

Provision of Free Milk.

Seventy new applications for Free Milk were received during 1954. There were seventy-nine patients having Free Milk on 31st December.

An alarming number of households find it increasingly difficult to meet the cost of 14 pints of milk weekly for the tuberculous patient in addition to the normal household needs. This is, perhaps, not surprising in view of the continued high cost of food.

It has been the practice of the Almoner to arrange for the provision of Free Milk in cases which come to her notice on discharge from sanatorium or hospital, or when the patients attend the clinic. Sometimes the patient will make his or her own approach to the Almoner. The National Assistance scales are applied on deciding eligibility. The present total of patients having free milk is not thought to be a true total. Evidence of this fact came to light in the autumn of 1954, when, in an endeavour to ascertain the true position, the Almoner was informed by the National Assistance Board that at that time there were 104 Tuberculosis cases on their books in the area covered by this Chest Clinic.

Deciding the eligibility for free milk of the patient who comes within the income limits is a straight-forward matter. There occasionally arises, however, the problem of the housewife-patient who is reported by the Chest Physician as having lost weight. The patient subsequently states that she cannot possibly afford extra milk for herself, in spite of the income being above the basic scales. In discussing ways and means, the Almoner finds that 15s. or 20s. per week is being paid for television hire purchase. The argument put forward in explanation is that the patient feels unable to go to the cinema, or elsewhere, so that television provides a much needed interest and entertainment for her.

Occupational Therapy.

In 1954, thirty-eight new cases were referred for therapy, there being thirty-seven current cases on 31st December. The British Red Cross have endeavoured to meet the needs in this area, but since they were unfortunate in losing the help of their member living in Watford, it has not been possible to expect the same degree of intensive work, to the detriment of the patients, who undoubtedly, appreciate the help given by a Therapist able to visit at fairly frequent intervals.

Housing.

During 1954, the housing of the tuberculous has proved more difficult in this area than at any time since 1949. There are five Housing Authorities, including the London County Council, in the area. It is readily understood that as housing demands increase, it becomes more and more difficult for authorities to acquire suitable land for their housing schemes. The fact that the Ministry of Health also regulates the number of new houses to be built under subsidy in the future, is an added problem. The net result, as far as this area is concerned, is that it is no longer easy for a tuberculous family to obtain inclusion on a housing list. The amount of priority now given to a tuberculous family on the housing list has definitely decreased. In the interests of Public Health, to say nothing of the health and well-being of the tuberculous family, this changed attitude is greatly to be deplored.

Rehabilitation and Resettlement.

Throughout 1954, this section of the work has shown satisfactory results. The following analysis, it is hoped, will show clearly the trends during the year.

ANALYSIS OF 83 PATIENTS REFERRED TO THE ALMONER AS FIT FOR WORK
DURING 1954.

	Male	Female	Total
Number referred to Almoner as fit for work	67	16	83
Number placed by Disablement Resettlement Officer.	19	2	21
Number who found own work	3	9	12
Number reinstated by previous employer	34	2	36
	Part-time 14	Part-time 3	17
Number sent to Government Training Courses	3	—	3
Number sent to Rehabilitation Centre.	4	1	5
Number not placed on 31st December, 1954	3	3	6
Number of patients who relapsed during year following return to work	3	—	3

There has been continued very helpful support from, and liaison with, the Ministry of Labour Resettlement Scheme through the local Disablement Resettlement Officer. It is very clear that this Officer does much to interest employers on behalf of the tuberculous patient.

There has been a noticeable increase in the number of employers who have been willing to allow our patients to recommence work on a part-time basis. This is a very welcome development which it is hoped will be continued in the future.

The problem of the chronic positive patient continues. Numerically, this problem is a small one but it is, nevertheless, a very pressing and serious one for which there is no solution under the normal resettlement procedure. It is one which can only be dealt with by the provision of special facilities.

NORTH AND EAST HERTS DIVISIONS.

Care of Children.

During 1954, eighteen patients have required help in looking after their children. Of these, fourteen patients needed treatment either in hospital or at home, but four eventually made their own arrangements for the children to go to relations; two only needed help for a short period to ensure their new-born infants were isolated during the B.C.G. vaccination period, and one needed a foster-home following a domestic upheaval which had no real connection with the fact that both parents are T.B. patients. In one other case unsuccessful efforts were made to have the child of a T.B. patient living in a caravan admitted to the local Nursery School.

Domestic Help.

The County Almoner has arranged for twenty-eight patients to have the services of a Home Help during the past year. There is little doubt that this service is invaluable to patients just home from hospital who need to become acclimatized slowly to housework; also to the patient awaiting admission to

hospital and those advised to take things easily to prevent a relapse. But it is sometimes a problem to persuade this type of patient to relinquish some of her household duties to a Home Help. There are, too, one or two male patients living alone with no relative to help and for whom it is necessary to ensure properly prepared meals.

Housing.

Thirty-seven patients were referred to the County Almoner for help with rehousing during 1954. Of these seven have been allocated houses, one was transferred from a house to a more suitable sized flat ; one had repairs carried out to remedy dampness and one was helped by two Voluntary Societies to purchase a caravan as it was not likely he would ever qualify for a council house and he could not afford to purchase his own house.

Of the remaining thirty patients awaiting rehousing, only one is a positive T.B. case ; seven live in old cottages or condemned buildings and suffer more from discomfort than overcrowding, and four live in unsuitable caravans with children. The majority of the rest are young couples living in rooms some of whom are expecting a first child.

Financial Help.

The figures show that 114 patients needed financial help in 1954 ; 101 of these received allowances, pensions, and supplements to pensions from the National Assistance Board and/or Ministry of Pensions. The majority of these patients also received benefits from the Ministry of National Insurance. This then is the type of minimum income level on which most tuberculosis patients have to manage, usually over a much greater period of time than the patients suffering from other complaints. Incomes derived from these sources are usually based on fixed allowances for single or married adults, for children according to age and rent which is not always allowed for in full. In addition, allowances can be made for necessary hire purchase commitments, extra nourishment, the fact that a patient must have someone to look after him at home thus preventing a wife going out to work, school fees in specific instances, etc. In addition to these weekly allowances, lump-sum grants can be made for specific expenses such as clothing, bedding, removals, basic furniture needs, etc.

It will be seen that although these incomes come nowhere near many wage levels, patients who are capable of managing their household expenses efficiently and who have perhaps a little reserve of savings to help them during the period of illness and who do not indulge in excesses of such things as cigarettes, alcohol, children's toys and clothing (a very usual excess) the more expensive but easily prepared foods, etc., can usually manage, without getting into debt and without going short of the basic needs of a sick person such as plenty of good plain food and enough warm bedding and clothing, for several months.

But there comes the time when even the most thrifty patients simply cannot manage to pay for some necessity such as a load of coal or new sheets for a bed-patient and they either get behind with the rent or run up a debt. It is often this type of patient that is ashamed of a lapse of this kind and does not mention it until forced to do so when the debts become more pressing or have increased to alarming dimensions and the worry is retarding his progress.

There are many instances of patients, being under treatment and managing on such incomes, living in rooms or overcrowded conditions with relatives, who eventually are allocated houses and there at once arises the major problem of furniture, curtains, floor-covering, etc.

Many patients are found to be fretting and worrying disproportionately about some expense which cannot be covered by the usual statutory allowances and benefits ; this might be a heavy endowment or insurance premium ; private-school fees plus extras such as music and dancing lessons for a child who may or may not be gifted in these subjects but for whom the parents are

most anxious not to lower their educational standards. Sometimes a relative comes to the rescue but more often than not the County Almoner must try to help.

There have even been cases of patients being in the hands of money-lenders at the onset of the illness which probably has been precipitated by this worry. It is quite useless in such cases to expect a patient to settle down to treatment and to managing on these minimum allowances without doing something first to clear the debts.

It is clear then that although the basic income upon which most tuberculosis patients have to manage during a period of treatment is probably adequate, given a reasonable ability on the part of the patient and his family and no emergencies or major replacements to manage, there are many patients who must have additional help, advice, and supervision.

This additional help can usually only be obtained from Voluntary Agencies who recognize the fact that statutory allowances and County Services cannot always cover the needs of sick people especially those who suffer from long-term illness such as tuberculosis.

It is interesting to note therefore that in 1954, from eighteen such agencies £185 7s. 2d. was raised and administered to patients. This is £36 10s. 1d. more than was raised in 1953.

Christmas Parcels.

At Christmas time 1954, the British Red Cross Society sent food parcels to twenty-two tuberculous families selected by the County Almoner in this area. These parcels, which consisted of complete Christmas Day fare, were greatly appreciated by the patients and their families who would otherwise have had rather a lean Christmas.

ST. ALBANS AND DACORUM DIVISIONS.

Comment was made in a previous report on the very constant figure giving the total number of social problems dealt with during the year. 1954 has proved no exception, with a total of 200 cases registered for help in some form or other; sixteen of these were from the New Town at Hemel Hempstead, a rather higher proportion than previously. There has been no noticeable increase in the work, from the Almoner's point of view, in the Welwyn Garden City and Hatfield New Town areas.

Over £200 has been raised during the year from voluntary sources to meet cases of hardship not covered by statutory funds. This shows a considerable increase on previous years and confirms the impression of the increasing number of families who need financial help at the time of diagnosis, over and above their statutory allowances, in order to start off without debts. The first electricity account after going on to National Assistance, or the outstanding coal bill, again and again produces something of a financial crisis, and although most Charitable Trusts are not as a general rule anxious to pay debts, they are usually very generous in these circumstances. They are prepared to accept the fact that a family suddenly forced to live on an extremely reduced income, at a time of sickness, often genuinely needs material help during this period of financial re-adjustment. Not all the money has been raised to pay debts, however. There have also been a variety of needs that it has been possible to meet, such as the fare for a Sunday School Outing, fares to the sea for a much needed holiday, a wireless licence, or additional furniture in cases of rehousing, where only the very bare necessities have been provided.

During the period May–December, rather more detailed records have been kept of patients fit to return to work. At the end of the year, of these thirty-four patients, twelve were reinstated in their previous employment, ten found work themselves, nine were placed by the Disablement Resettlement Officer, two have subsequently become unfit and have had further treatment, and one is still without work. These were all negative cases.

SOUTH HERTS DIVISION.

1954 was an uneventful year for the Social Service Department. Although nine more cases were actually registered in 1954, than in 1953, there were fewer major problems. Matters which had occupied the Almoner's time in 1953, had by 1954 sorted themselves out to a considerable degree. In 1954, all the families living under really unsatisfactory and overcrowded conditions were rehoused. There remained, of course, a number of people with pulmonary tuberculosis still housed in old damp houses with no conveniences.

In 1954, one no longer had a feeling of frustration when a patient was recommended to have a Home Help. The Organizer for the most part was able to arrange help within a few days of receiving the recommendation and it was no longer necessary for the Almoner herself to find someone to go as a Home Help to a patient. No longer did one listen week after week to patients complaining that they could not afford to pay the sum at which they had been assessed for their Home Help. Only in a few instances were there moans about the charge. The majority of patients were grateful that the assessment was so reasonable. Those who did complain were patients who had been rehoused from London. Having come to Hertfordshire they found they were expected to pay considerable more per hour for a Home Help and in addition they were above the scale for Free Milk.

During 1954, we again held conferences with the D.R.O. and the Chest Physician for patients who were unfit to return to their former employment after treatment. These conferences proved to be of inestimable value, particularly in helping the patient who had been off work for eighteen months to three years to regain his confidence. By attending a conference the patient appreciated that the clinic was really interested in seeing him satisfactorily placed and he realized that he was not just being allowed to enter the open competitive Labour Market, but that the D.R.O. had a special responsibility in finding him a suitable job or arranging a training for him. In 1954, three patients took Ministry of Labour courses.

1954 was, for the Social Worker, an unusually uneventful year but during that year one had the satisfaction of realizing that many more patients and their relatives took a greater sense of responsibility for one another and were no longer expecting the Welfare State to do and supply everything. The Social Worker's role is becoming more and more a position of a listener and adviser; helping the patient to talk over his difficulties and to help him plan so that he and his family are in a position to stand on their own feet in the limited situation in which they find themselves owing to illness.

Not so long ago I read "that the greatest achievement of a Social Worker is no longer to be needed". There is, I hope, a great truth in this statement.

MASS RADIOGRAPHY.

The north, centre, south, and west of Hertfordshire is served by a Radiography Unit with its headquarters in St. Albans, and the east of the County by the Unit centred in Walthamstow.

Dr. Watkin Edwards, the Chest Physician in St. Albans, and also the Medical Director of the Radiography Unit there, in his report on the work of the unit during 1954, shows the extent to which this unit is entering into the lives of the workers in factories and large business establishments in the area of Hertfordshire and the neighbouring Counties visited by the unit. In his report is given in addition the number of the general public who attended the unit sessions, and also the figures of the staff and children from schools.

A Sub-Committee of the Medical Research Council dealing with Mass Miniature Radiography reported that, in view of the low incidence of tuberculosis found by examining the school leaver group, the procedure whereby this group attended for radiography when units visited the various towns was

unprofitable. School leavers will not, therefore, in future attend the units as an organized group from school unless there is shown to be a high incidence of tuberculosis in the area. The Sub-Committee considered that it was more important to X-ray teachers and other persons employed in schools on entry and periodically rather than the pupils.

MASS RADIOGRAPHY UNIT 5C.

64,763 people were X-rayed in 1954. Industrial groups comprised 48,170, i.e. three-quarters of the total and in this group sixty-one active cases were found, giving a discovery rate of only 1·3 per 1,000 persons examined (men fifty cases, rate 1·4 per 1,000, and women eleven cases, rate 0·8 per 1,000). This compares with a rate of 1·6 per 1,000 in 1953 for industrial groups and 2·43 in 1952.

The number of factories visited is now so large that return visits are rarely made in less than three years. Attendances figures range from 60 per cent to as high as 90 per cent. At one factory 90 per cent of 8,371 employees attended for X-ray.

It is right that this low yield should prompt inquiry as to whether this is the most profitable use to which such a unit can be put. I would, however, urge once again that the numerical yield of new cases is not the only criterion of its value. Mass Radiography should be preventive and its policy should be to seek out cases in places of employment and other situations where conditions favour the chance of a tuberculin negative individual meeting a sputum positive person. Such conditions indeed are found frequently in urban communities e.g. in buses, tubes, places of entertainment and social gatherings, but here the exposure is likely to be brief and infrequently repeated. It is in factories and offices that the same people meet day after day and the risk from an unknown sputum positive person is probably greatest.

There is another side to the problem which should be considered before the units are "deflected into more productive channels" (M.O.H. Memo). A great deal of propaganda has gone out to employees in factories urging the importance of regular X-ray examination and it is clear that an awareness of its value now exists in many factories. I have been surprised to find how often requests for more frequent visits are made by Works Committees and by Managements. This seems to me a healthy attitude which it would be wrong to discourage. It is a strange policy to discard a method of prevention because it now appears to have been successful. The present position will be maintained only if regular visits continue, it might be still further improved if pre-employment chest radiographs were required by employers. To withdraw all facilities at this stage would also have a damaging effect on the good will of employers and employees that now exists and which has contributed largely to the present satisfactory low yield of cases.

It is interesting to see that the yield from public sessions is now so low (1·2 per 1,000). It is possible that this may in part be due to the greatly improved radiological facilities in this region and to the ease with which G.P.'s can now refer patients for X-ray. The number of patients who wait for the visit of the Mass Radiography Unit because they have symptoms may thus be decreasing.

I am glad to express my thanks to the staff of the unit for the splendid work they have done during the year.

During the year, 1954, the Unit X-rayed	66,152
This figure includes groups of patients in Mental Hospitals who were not investigated by the Unit and are not included in the statistics	1,389
The following statistics therefore are concerned with	64,763

The following table shows the number of cases X-rayed, the number who were found to have Active Tuberculosis and the Discovery Rate per 1,000 examinations.

Group	Number examined			Male		Female		Combined Total	
	Male	Female	Total	No.	Rate	No.	Rate	No.	Rate
General public .	3,369	7,064	10,433	4	1.2	8	1.1	12	1.2
Industrial groups .	34,877	13,293	48,170	50	1.4	11	.8	61	1.3
Schools and Colleges (pupils and staff)	1,495	1,141	2,636	—	—	1	.9	1	.4
National Service- men .	2,185	—	2,185	4	1.8	—	—	4	1.8
Sundry groups .	173	1,166	1,339	—	—	2	1.7	2	1.7
	42,099	22,664	64,763	58	1.4	22	1.0	80	1.2

MASS RADIOGRAPHY UNIT 6A.

Dr. Ramsay reports as follows :—

6,073 people in the East Hertfordshire area were X-rayed in 1954, of this number 189 were recalled for large films. The subsequent findings showed five patients with active tuberculosis and forty-four patients whose disease was regarded as inactive. The following table summarizes the findings :—

Group.	No. Examined.			Active Tuberculosis.		
	Male.	Female.	Total.	Male.	Female.	Total.
General public	2,114	2,186	4,300	2	2	4
Industrial group	566	503	1,069	—	—	—
Schools and Colleges	685	19	704	1	—	1
	<u>3,365</u>	<u>2,708</u>	<u>6,073</u>	<u>3</u>	<u>2</u>	<u>5</u>

T.B. VISITORS.

The ten tuberculosis visitors, who are nurses with special training and experience in tuberculosis work, are employees of the County Council. Having their headquarters at the Chest Clinics and working under the general direction of the Chest Physicians, they visit all households with infective tuberculosis and advise on the care which should be exercised to prevent the spread of infection. They are the field-workers of the service, working closely with the District Nurses who, under the instruction of the Physician or the General Practitioner, treat the patients in bed at home, and with the Health Visitors who look after the younger children of the family.

TABLE 23.

	1953		1954	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors .	1,838	16,503	1,796	20,121
Health Visitors	67	1,228	18	888
Home Nurses	—	8,117	—	9,709

T.B. LOAN SCHEME.

There has been an increasing demand upon the equipment held centrally for loan to tuberculous patients. Bedsteads, bedding, blankets, and sick-room

articles of various kinds are issued free on loan at the request of the Physician, Almoner, or Visitors. Many households faced with the sudden need to segregate and retain in bed one of their members find it impossible to do so without help, and the required equipment is supplied to them.

Although the requests for garden shelters have not been as numerous as expected, the six constructed during recent years are usually always in use along with the few older ones still in good condition.

T.B. LIBRARY SCHEME.

The library facilities made available for tuberculous patients by the Joint Organization of the British Red Cross Society and the St. John Ambulance Brigade continued to be extremely helpful in 1954. The main centre in Watford Chest Clinic not only issued books to the out-patients attending there, but also supplied them by post to patients in the more scattered rural parts of the County. Libraries were opened at the Chest Clinics in Barnet and Hitchin during the year, and it is hoped that others will follow in St. Albans and Hertford when space is available in the new clinics proposed for these towns.

The County Council in May, increased its grant to this library service from £50 to £75.

GENERAL CARE AND AFTER-CARE.

Care and after-care requirements for cases other than tuberculous do not make serious demands upon the services. Requests for help mostly come from the Practitioners, some from Health Visitors and Hospital Almoners and a few from Voluntary Organizations.

The Almoners dealt with ninety-three cases during the year. The assistance required varied considerably, viz., financial, convalescence, general advice, and supervision, clothing, care of children, resettlement and home help.

Some of the patients are heavily and permanently disabled, and are likely to require general care indefinitely. Regular visits from the County Almoner are appreciated, and plans are constantly under discussion to improve the patients' circumstances and to combat the inevitable future difficulties arising from progressive disabilities.

MENTAL AFTER-CARE.

By agreement with the hospitals in the County, their Psychiatric Social Workers continue to keep in touch with the discharged patients. Only in a few cases, therefore, are the County Almoners asked to supervise and help, and these are mainly patients from Mental Hospitals outside Hertfordshire.

One of the Almoners reports as follows :—

“ In work under Section 28 (Mental After-Care), there has been a slight increase, both in the number referred for supervision and those who continued from previous years to require periodic supervision. Help of various kinds was arranged in several cases, though not all require material help, and a willing and patient ear sometimes suffices.

It is inevitable that, in a number of cases where help is required to find suitable employment, the worker must be prepared to accept the fact that no plan can safely be regarded as final owing to the native instability of the patient and, after a few months of more or less satisfactory work, it is not unusual to have to find fresh fields. Co-operation on this problem is, of course, sought from the Ministry of Labour and is always sympathetically given. There are great merits in the dual function of the Almoner as for example the instance in which help given by the Almoner to a matron of a hospital was later recognized by the matron in question giving employment to a Mental After-Care case at the Almoner's request.

MEDICAL LOAN SCHEME.

No scheme of the Health Authority has shown the variety of help possible under this section of the Act more than the supply of articles under medical loan scheme.

The two organizations, the British Red Cross Society and the St. John's Ambulance Brigade, who had their own arrangements before 1948, and who consented to continue their voluntary services as agents of the County Council supplied sickroom utensils, articles for additional bed comfort, crutches, and ordinary wheel chairs.

During the six years more depots have been opened and some of the smaller ones closed.

On the 31st December, 1954, thirty-six Loan Depots were operating in this County, all manned by voluntary staff—twenty by members of the British Red Cross Society and sixteen by members of the St. John Ambulance Organization. A subsidiary depot at King's Langley was closed during the year as it was found that a satisfactory service was provided by the nearest principal depot at Hemel Hempstead.

In the main the depots are obtaining replacements of the day to day requirements out of moneys collected as loan charges but in certain instances, e.g. depots serving new town areas where the demand for equipment is suddenly increased or where utensils are required by patients on a long term loan, the County Council is purchasing a number of such requirements on behalf of the appropriate depot.

The field of help has markedly widened. The demand for more expensive equipment for the use of patients who will be permanently disabled is increasing. These cases are usually brought to our notice by Stoke Mandeville or Hill End Hospital and after considering the hospital's request, together with information of domestic arrangements supplied by our Health Visitors, any equipment deemed necessary is purchased by the County Council. For the purpose of collection of the loan fee this equipment is allocated to the Loan Depot which will take it into stock when it is no longer required by the person for whom it was ordered.

During 1954, three cases of paraplegia and one of cancer of the spine were supplied with a hospital bedstead fitted with pulley and chain and latex mattress; another case of paraplegia was supplied with a latex mattress only. In three instances arrangements were made for pulleys and chains to be fixed to beams over the bath with various small additions of handrails, steps, hooks and ropes to help give a degree of freedom to patients crippled by paralysis or rheumatoid arthritis.

Self-propelling wheelchairs, outdoor invalid chairs, and light-weight folding chairs have also been supplied, and in one case a special pram was bought to enable a 5½-year-old spastic child to be conveyed to school.

Handicapped persons are being assisted in a number of ways to be as independent as their physical condition permits.

Much is also being done for the housewife who must still, though disabled, manage her house and look after her family. The Consultant in Physical Medicine to the Hertford and East Herts Group of Hospitals, who has investigated very thoroughly possible methods of help to disabled persons, showed his "gadgets" in lectures he gave to the Health Visitors and Nurses on the County staff. His talks stimulated the interest of the staff and in the course of their daily work they have regard to means whereby helpful articles can be simply made by families to help disabled members. More intricate articles have been supplied on medical loan.

The British Red Cross Society have also held exhibitions of "household gadgets" for the disabled and an aspect of illness hitherto somewhat neglected is now being given greater consideration.

HOLIDAY HOME SCHEME.

The Holiday Home scheme continued to be increasingly used throughout the year. There were 417 applications for admission to Homes compared with 382 in 1953.

The applications are usually made by General Practitioners, Hospitals, County Almoners, and Health Visitors. Sometimes the persons apply themselves. All, however, have to have a medical certificate indicating the need.

Of the 417 persons, 22 were not accepted as coming within the scheme ; 77 cancelled their applications, several because the assessed charge was more than they wished to pay ; and only 318 were placed—42 more than in the previous year.

The Hertfordshire Seaside Home at St. Leonards, near Hastings, received 210, the remaining 108 going to other Homes more suitable to the patient concerned. As in 1953, 69 per cent were women.

As has been the case during the past four years, many old people are being helped in this way. Approximately a fifth of all who go away are aged sixty-five years or over. It is hoped that, by a period of convalescence, they can receive sufficient benefit to continue to look after themselves in their own homes and remain within the community.

AGES OF THOSE SENT AWAY.

0-1		1-5		5-15		15-45		45-65		65 +	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
—	—	6	7	4	1	30	92	40	75	16	47

BY WHOM REFERRED.

Own Doctor	Hospital	County Almoners	Others
139	110	54	15

SECTION 29—HOME HELP SERVICE.

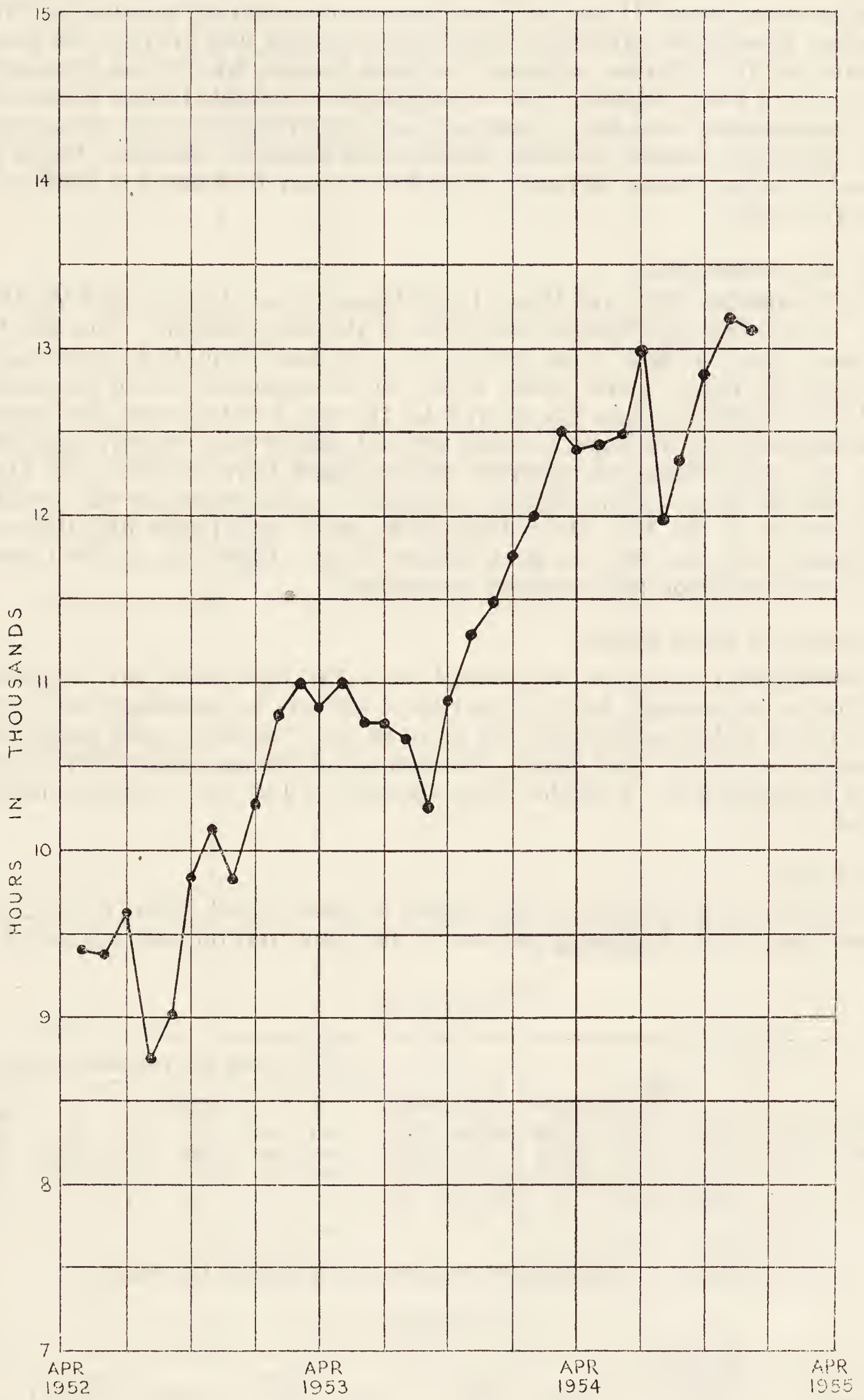
The report which follows has been prepared by Miss Watson, the County Home Help Organizer.

During 1954, the Home Help Service continued to increase in every direction. More applications for help were received, the number of long-term cases and old people receiving help continued its upward trend, and more Home Helps were enrolled.

The expected seasonal fall in demand came during August : it was very sudden, very steep, and lasted for a very short time. In September, the demand started climbing again and, once more, a supplementary budget was presented to Health Committee, as it became obvious that our estimates would be exceeded by the end of the financial year.

Organizing Staff.

Extra clerical help has been provided in those districts where the demand for help is heaviest, as it was found that if the offices were open to the public for a longer period each day, more requests could be dealt with personally, and less time was spent by the organizer making fruitless visits, because the householder was out, or some other arrangement had been made. But, if the office were to be open for longer periods, then a clerk would be needed, to deal with requests, and to carry out the considerable amount of paper work involved. With this end in view, a full-time clerk was appointed in Watford, the clerk in



Hitchin became full-time, and in June, a part-time clerk was appointed for Barnet and East Barnet. The change in the Barnet and East Barnet areas took place on the retirement of Mrs. Churcher, who had been Home Help Organizer in Barnet since 1948. It was felt that, instead of appointing another part-time organizer, it would be advisable to unite the two areas, and to appoint a clerical assistant for the full-time organizer for East Barnet, who would enlarge her area, to cover both districts. The organizers for Cheshunt, Hemel Hempstead, and Berkhamsted, who were employed on a part-time basis, at 30 hours per week, have now become full-time officers, and those for Boreham Wood and Bishop's Stortford have increased their hours from 15 hours per week to 20 hours per week.

Office Accommodation.

In September, 1954, the Home Help Organizer for Cheshunt and Waltham Cross, moved into an office of which she is the sole occupant. For the first time since the inception of the service, she now has adequate accommodation and a private room. Great credit is due to the organizer and to the nursing and health visiting staff in this district for the way in which they have shared accommodation for six years, working amicably under very difficult conditions. With the union of the two districts in the South Herts division, the Home Help office in Wood Street, Barnet, was closed, but the organizer was available twice weekly at the Vale Drive Clinic, for people who might find this more convenient than the office in East Barnet Road. Elsewhere in the County, office accommodation has remained unchanged.

Recruitment of Home Helps.

Recruitment continues to present no great difficulties, and organizers find that an increasingly large proportion of workers is remaining stable, some of the Home Helps having given six or seven years' service, and a great many remaining for three or four years. The number of women employed at the end of the year was 540. A further wage increase of $1\frac{1}{2}d.$ per hour was made in August.

Cases Helped.

The following table shows the number of cases helped during the year, the current cases at the beginning and end of the year, and the staff employed :—

TABLE 24.

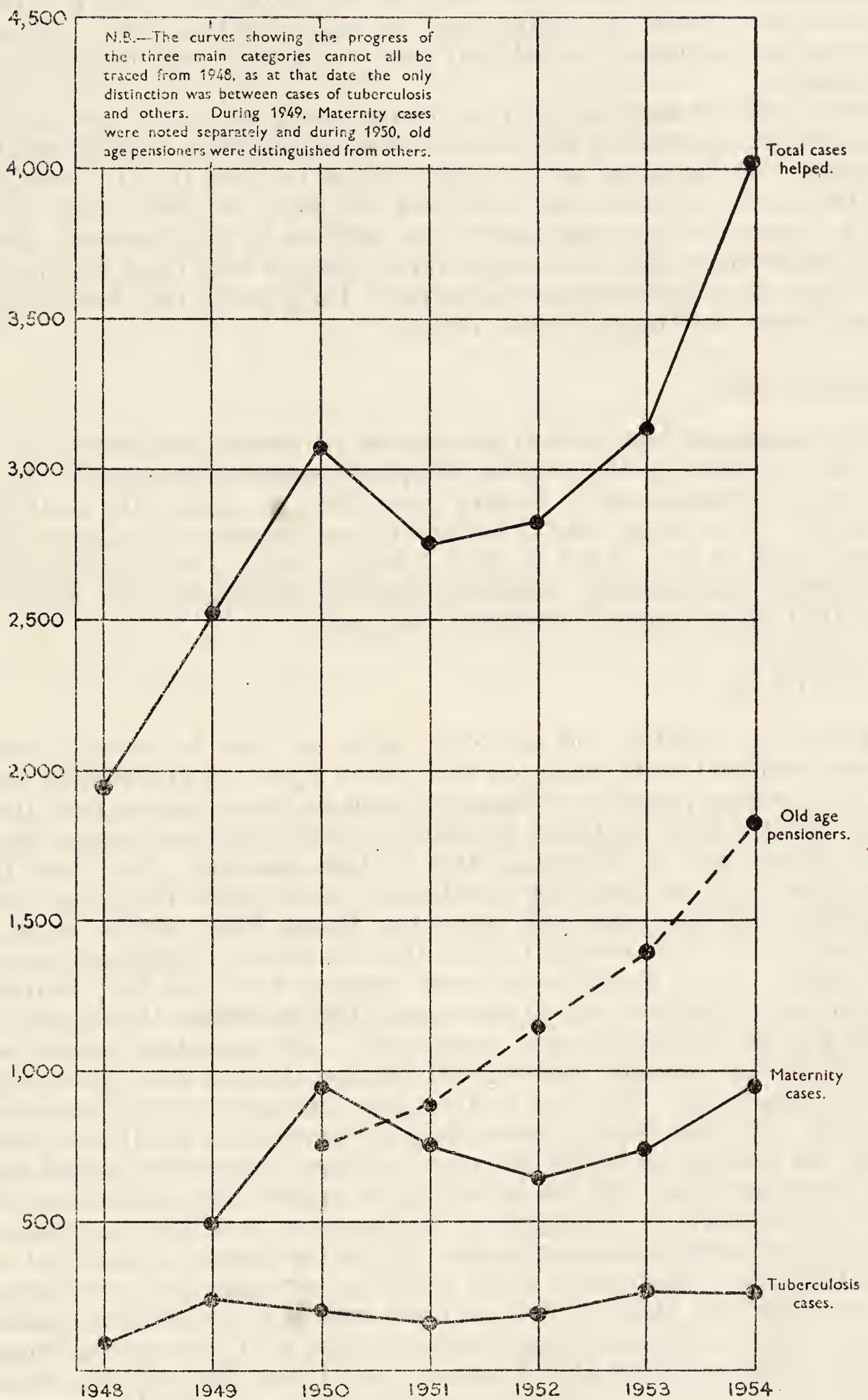
Cases Helped during year	Cases Current at 1.1.54	Cases Current at 31.12.54	No. of weekly hours worked at 1.1.54	Equivalent No. of Home Helps	No. of weekly hours worked at 31.12.54	Equivalent No. of Home Helps	No. of Home Help Organizers and Clerks					
							Full time at 1.1.54	Part time at 1.1.54	Equivalent full time No.	Full time at 31.12.54	Part time at 31.12.54	Equivalent full time No.
4,042	1,357	1,633	11,272½	256	13,576½	308	8	10	14	12	8	15½

The following is a summary of cases assisted during the year :—

TABLE 25.

Category 1	Maternity Nursing Mothers 2	Tuberculous 3	Chronic Sick 4	Blind 5	Acute Illness 6	Accidents 7	Miscellaneous 8	Totals
Householders other than old age pensioners.	896	258	293	33	510	17	177	2,184
Old age pensioners	—	17	1,565	59	123	22	72	1,858
Totals.	896	275	1,858	92	633	39	249	4,042

CASES HELPED SINCE 1948.



The noticeable increases in numbers were amongst the Maternity and Nursing Mothers, an increase of nearly 158 over 1953 ; chronic sick old people, an increase of 455 and the blind, which increased by 57, or 163 per cent. The increase in aged, chronic sick may be due partly to chronic sick patients who have now crossed the border and are now classified " old ", but nearly all chronic sick applicants for help last year were already well into the seventy's and eighty's.

At one time it was thought that the increasing number of aged applicants was due to the activities of the geriatric units, especially in Watford and Hemel Hempstead. A discussion with the geriatrician revealed that this was not so. In Watford, the geriatric unit comprises 180 beds, of which only about six could be vacated in any one month. In addition to this, however, there are forty beds for old people in the acute wards, and it is from these beds that most of the Home Help applicants are discharged. The geriatric unit itself discharged only six Home Help cases in three months.

Assessment Scale.

The assessment scale now in use appears to operate reasonably and fairly, if we are to judge by the number of appeals against assessment. In 1954, 168 cases were considered by County Councillors, as against 180 in 1953, and 374 in 1952. If the total number of cases helped throughout each year is borne in mind (4,042 in 1954, 3,171 in 1953, 2,848 in 1952), it will be seen that the proportion of householders appealing against assessment was much lower during 1954, than during the two previous years.

The New Towns.

The L.C.C. Estates, and the New Towns are now far enough advanced for some comment to be made on their effect upon the Home Help Service. The L.C.C. estates provide a different problem for the organizers from the New Towns, as the estates contain a proportion of old people and people being rehoused on account of ill-health, often of long-standing. The New Towns, on the other hand, are becoming populated by a comparatively young, working population, and the main call upon the Home Help Service is to meet emergencies. It is interesting to note that, in Hemel Hempstead, as on the Oxhey Estate, many inquiries and even bookings for Home Help during confinement, are not followed up. Discussion of this point with the organizers and Health Visitors brings the same conclusions. The expectant mother arrives in a new district, knowing nobody, and her first thought is to make provision for her confinement. She goes to the Clinic and arranges for a midwife to attend her. She then books a Home Help, as her relatives feel that they cannot manage the journey, or, if she has other children, her mother cannot manage all the work involved. All the formalities completed, she settles down to her new life, and before the baby arrives, she has made friends with several of her neighbours, or her relations have discovered that the journey is not so bad as they had anticipated. Neighbours make reciprocal arrangements and look after each other, for very little payment, or often none at all, during the confinement period, a very satisfactory arrangement, except that the persons concerned forget to notify the Home Help Organizer that Home Help will not be needed. The organizers work in very close co-operation with the Health Visitors, however, and can generally discuss these cases before too much time is wasted.

Now that factories are becoming established in the New Towns and offering attractive conditions of service and rates of pay to women, the Home Help Service is not receiving so many applicants for work. The main problem in this respect is Stevenage, where, in the New Town, most of the work is for home confinements. These are not regularly spaced ; in one month there may be only four booked and in the next month perhaps sixteen. Owing to the fact

that we cannot find Home Helps who will stand by for emergency calls only, we are obliged to withdraw Home Help from other cases, sometimes in Hitchin, to attend confinement cases in Stevenage.

Staff Welfare—X-ray Examination of Home Helps.

Up to the present time, there has been no compulsory chest X-ray examination of Home Helps. All are encouraged to attend for examination when the Mass Radiography Unit is in the vicinity of their homes, and Home Helps who work in tuberculous households have always been very strongly urged to make use of the facilities offered by the Unit and the Chest Clinics. In October, 1954, there were 112 Home Helps working or willing to work in tuberculous households. Of these, seventy-six were known to have had X-ray examinations. The organizers all felt that X-ray examination is very desirable, not only as a protection to the Home Help herself, but also as a protection to other households she may attend. It was strongly recommended by the organizers that this examination should be extended to all Home Helps, not only those who are known to be in contact with tuberculosis.

(This recommendation was carried out in May, 1955, since when Home Helps have been X-rayed on appointment.)

Social Activities.

During the year, most districts have organized parties and outings for the Home Helps and their families. The nature of these activities differs from district to district, but they are well supported by the Home Helps themselves, who feel that they are members of a valuable service and are pleased when their membership is recognized.

General Comments.

At the beginning of the year a member of the L.C.C. Organization and Methods Section paid a visit to the County and discussed various aspects of the Home Help Service, its organization, cost, staffing, etc. Comparative studies were being carried out in three counties and in three county boroughs. The final report has not yet been received, but should prove interesting material for future planning.

During the summer, the Ministry of Health Nursing Officer for this area visited the county several times and spent some time with individual organizers, accompanying them on home visits, meeting some Home Helps, and studying office routine. Her report was complimentary on the whole, her one minor criticism being that those Home Helps who attended Tuberculous Households had not all been X-rayed. This point has now been taken up.

When discussing the result of the review with the County Medical Officer, Miss Bathgate made a very special point of saying how impressed she had been by the work the Organizers were doing. They were not content merely to act as Organizers, but she found them going into the homes, talking to people, discussing budgeting difficulties with them, and in some cases helping to prepare a weekly budget, and doing a vast amount of most useful and intelligent health education which no-one had really expected of them, or had anticipated as a development of the Home Help Service.

Following these visits by the Ministry's Nursing Officer a dietician from the Ministry of Health gave a talk to the Organizers on feeding old people, and budgeting on a limited income. It was felt that this talk might usefully be given to the Home Helps themselves at some future date.

A completely new idea was introduced in one area, when the Principal of a Domestic Science College asked whether a student might work as a Home Help for a few weeks during her long vacation. The practical experience of the

work would be valuable and it would give the student an opportunity of seeing homes of all sorts and conditions. The student did, in fact, work for four weeks ; she was a very pleasant girl and the householders liked her, but they felt that she was rather young and inexperienced. We only sent her to households where the housewife was able to give guidance, as she was obviously not ready to take control of a house and children. She agreed that the work had given her an opportunity not usually afforded to the ordinary Domestic Science Student.

Cases needing special care and attention continue to be served by Home Helps and I quote brief summaries of some of these :—

(1) Miss A is an elderly spinster living alone, an educated woman, but one who had no training in domestic work and who had allowed her home to become gradually more and more dirty and untidy. Complaints were made to the Medical Officer about this lady and a Health Visitor and a Home Help set about cleaning the house. This was very difficult, as the old lady was suspicious of them and they had first to win her confidence. They managed to do this, after several attempts, and the Home Help was able to clean the house and persuade the old lady to put up fresh curtains which she—the Home Help—had made.

(2) Mrs. B is a widow, severely crippled with arthritis, living alone in a bungalow. So far as we know, she has no relatives. Two Home Helps are employed on this case—one who goes in from 8 to 9.30 every morning, and from 8 to 9 every evening, to help Mrs. B to get up, wash, dress, eat her breakfast and supper, undress and get to bed ; and a second who works from approximately 11 a.m. to 1 p.m. and cleans, shops, and cooks lunch. This is one of the few cases where Home Help is given every day of the year, Sundays and Bank Holidays included. Mrs. B is incapable of doing anything for herself, can just manage to use a knife and fork, and can barely manage to write.

(3) Mr. C was a widower with an incurable paralytic condition. His legs were quite useless and his hands were now beginning to fail him. He had two children of school age, but they were too young to give him the help he required. This man needed a resident housekeeper, but had been unable to find one, despite all his efforts. A Home Help was, in this case, a stop-gap, as she could not give all the help required, but until he could make a satisfactory private arrangement, a Home Help continued to run the home. A member from the St. John's Ambulance Brigade attended in the evenings to help Mr. C to bed. Mr. C was unable to make private arrangements and a daily Home Help continued until Mr. C was removed to hospital where he died two months later.

(4) Mr. D had four children, three of them still at school. The mother had deserted the family, but Mr. D was very anxious that the children should not be taken into care. The Children's Officer asked whether special arrangements could be made for a Home Help to attend early in the morning and at tea-time, so that the children could have proper care. The Home Help Organizer found a neighbour who was willing to help, and she was enrolled as a special Home Help for this case. The arrangement worked satisfactorily for six weeks, at the end of which time Mr. D had managed to make private arrangements for his family.

(5) Mrs. E was very ill and expecting her ninth child. The eldest was twelve years and one child was a victim of poliomyelitis, was wearing leg irons, and needed a great deal of attention. Mrs. E should have been in hospital, but refused to leave her family. As a result of these circumstances, the house was very dirty indeed, and Mrs. E was really too ill to do anything other than worry about it. Two Home Helps attended together for three days, and gave the house a thorough spring-clean ; then a limited amount of help was given for the rest of the period of pregnancy, about one month. On condition that the same Home Helped looked after the family while she was away, Mrs. E agreed to go into hospital for her confinement. Some help was given on her return home from hospital, but this was kept to the minimum. As Mrs. E had been so ill help

has been continued for some months to enable her to build up her strength again to manage her family.

(6) Mrs. F was a married woman of about thirty years of age. She had five children, two under five and three of school age. She was sent home from hospital, with inoperable carcinoma. She received full-time Home Help for many months, and it seemed as though she would recover, she was fighting so hard. The Home Help gave many extra hours in this case often, going to the house in the evenings and at week-ends. For the fortnight before Mrs. F. died, the Home Help was there during several nights. This extra work was done unofficially, without payment simply because the Home Help felt that she was needed and that Mrs. F. depended upon her.

From these instances, it will be seen that Home Helps are called upon to help in very varied circumstances, and are asked to tackle work which would horrify the ordinary domestic worker. The fact that a certain number of our Home Helps do tackle this work, and tackle it successfully, is, I think, an indication that they regard their job as something more than a source of income. To many it is a vocation.

From time to time, householders write to me, expressing gratitude for the care and attention given to themselves or to relatives, and I think that I cannot do better than close this report with an extract from one of these letters. A brother and sister wrote to me after the death of their parents thanking the County Council and the Home Help Organizer for the care given to the old people.

They finished by saying :—

“ Would you especially thank the two Home Helps for all their kindness and patience over a long period. They couldn't have been kinder had our parents been their own.”

SECTION 51—MENTAL HEALTH SERVICES.

MENTAL DEFICIENCY ACTS, 1913–1938.

The official return to the Board of Control for the year 1954 was as follows :

	During 1954				Total cases on Authority's registers as at 1.1.1955			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1954.</i>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by—								
(i) Local Education Authorities on children—								
(1) While at school or liable to attend school .	33	30	—	—	—	—	—	—
(2) On leaving special schools	1	—	7	3	—	—	—	—
(3) On leaving ordinary schools	—	1	1	—	—	—	—	—
(ii) Police or by Courts	1	—	2	1	—	—	—	—
(iii) Other sources	11	3	17	18	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	9	9	20	16	—	—	—	—
	55	43	47	38				
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .	1	—	1	5	—	—	—	—
Total number of cases reported during the year	56	43	48	43	—	—	—	—
2. <i>Disposal of Cases.</i>								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Statutory Supervision	41	33	12	8	133	105	118	102
(ii) Placed under Guardianship * .	1	—	—	2	2	—	12	28
(iii) Taken to "Places of Safety" .	—	—	3	1	2	1	3	2
(iv) Admitted to Hospitals	2	—	11	9	79	62	369	334
(v) Supervision no longer necessary	—	—	—	1				
(vi) Left County	1	1	1	1				
(vii) Died	1	1	1	—				
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Voluntary Supervision†	9	8	19	16	15	14	68	56
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	55	43	47	38	231	182	570	522

* Please state here the number of defectives under Guardianship on 1st January, 1955, who were dealt with under the provisions of Section 8 or 9 :—M. 2. F. —.

† Of the cases reported in 1954 and shown under 1 (b), one died and one had left the County by the end of the year.

	During 1954.				Total cases on Authority's registers as at 1.1.1955.							
	Under age 16		Aged 16 and over		Under age 16				Aged 16 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3. <i>Classification of defectives in the community on 1st January, 1955 (according to need at that date).</i>					a	b	a	b	a	b	a	b
(a) Cases included in item 2 (a) (i) to (iii) above in need of hospital care and reported accordingly to the hospital authority :—												
(1) In urgent need of hospital care :—	—	—	—	—								
(i) "cot and chair" cases	—	—	—	—	12	1	3	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	10	—	7	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	7	—	3	—	2	—	—	—
(iv) high grade cases	—	—	—	—	2	—	2	—	—	—	—	—
(2) Not in urgent need of hospital care :—	—	—	—	—								
(i) "cot and chair" cases	—	—	—	—	—	—	1	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	4	1	2	1	1	—	2	—
(iv) high grade cases	—	—	—	—	1	1	2	—	2	—	—	—
Total of item 3 (a)	—	—	—	—	36	3	20	1	5	—	2	—

(a) North-West Metropolitan Regional Hospital Board.

(b) North-East Metropolitan Regional Hospital Board.

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) number considered suitable for :—				
(i) occupation centre	92	60	7	19
(ii) industrial centre	2*	—	55*	6
(iii) home training	—	—	—	2
Total of item 3 (b)	94	60	62	27
(c) Of the cases included in item 3 (b) number receiving training on 1st January, 1955 :—				
(i) in occupation centre	82	57	7	19
(ii) in industrial centre	—	—	7	—
(iii) at home	—	—	—	2
Total of item 3 (c)	82	57	14	21

* Of this number nine patients are still attending the Occupation Centres and are therefore also included in 3 (b) (i) and 3 (c) (i).

4. Number of Mental Defectives who were in Hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954.

	M.	F.	Total.
(a) Ceased to be under care	2	4	6
(b) Died, removed from area, or lost sight of	13	11	24
Total	15	15	30

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1954	2	
	<i>Males.</i>	<i>Females.</i>
(b) Number who have married during 1954	2	2

The number of new cases reported during the year and found "subject to be dealt with" again rose compared with previous years.

Sixty-three children were reported to the Local Health Authority by the Local Education Authority under Section 57 (3), Education Act, 1944, as incapable of receiving education at school by reason of mental defect. Children reported under this Section of the Education Act are aged between two years and school leaving age. The more severe mental defectives are usually reported when under five years of age and the borderline cases after a period of trial in school.

Thirteen children were reported by the Local Education Authority under Section 57 (5) of the Education Act, 1944. These children had attended school until aged sixteen years and were reported by the Local Education Authority as requiring supervision after leaving school.

In addition, fifty-three cases were reported from other sources. This number is made up of nineteen cases ascertained by other authorities and reported to Hertfordshire on removal into the county; eighteen cases brought to the authority's notice by its various officers; five cases reported by hospitals, seven reported by family doctors or relatives of patients and 4 reported by the Police or the Courts.

A further fifty-four patients were reported during the year but whilst not found "subject to be dealt with", were placed under voluntary supervision and visited by the authority's social workers. This number is made up of 25 patients previously detained under Orders under the Mental Deficiency Acts who were discharged during the year, and as requested by the Board of Control, the social workers kept in touch with the patients to assist them where possible in any difficulties they might encounter in the community. Fifteen were infants reported by the Assistant County Medical Officers' following examinations at the Authority's Welfare Centres as probable defectives. A further five were children who had been ascertained as educationally sub-normal and recommended to attend special schools but remained at ordinary schools until leaving. When aged sixteen they were visited by the Mental Health Social Workers and as they were not managing satisfactorily were placed under voluntary supervision. The remaining nine cases were reported from various other sources including the National Assistance Board, Youth Employment Officers, Probation Officers, Hospitals, relatives, etc.

On 31st December, 1954, eight of the patients reported during the year were no longer being dealt with by the Authority; four had left the county; three had died and in one case it had been decided that supervision was no longer necessary.

During the year, 2,589 visits were paid to patients in community care by the Authority's three Social Workers. At the end of the year these patients numbered 458 under statutory supervision; 153 under voluntary supervision; 48 under Guardianship and 100 on licence from Institutions.

Reciprocal arrangements between Local Health Authorities exist whereby each authority provides the necessary lay and medical supervision for all mentally defective patients under Guardianship resident in their area, irrespective of whether the patients are the responsibility under the Mental Deficiency Acts of the authority in whose area they reside.

All patients detained under orders sending them to Institutions who, for the time being, are absent from the Institution on licence to addresses within the county are, where requested, also supervised by the Social Workers.

The duties of the Mental Health Social Workers may be summarized as follows :—

Certification and Supervision.

- (a) Investigation of all new cases reported.
- (b) Statutory Supervision of mental defectives under Section 30 of the Mental Deficiency Act.
- (c) Section 11 reports on the home conditions, for the Visiting Justices when considering the need for patients to continue to be detained under Order.
- (d) Domiciliary visiting, on behalf of Institutions, to advise on suitability for licence, and supervising patients already on licence.
- (e) Supervision of patients in the County under Guardianship.
- (f) Presentation of Petitions to Judicial Authorities for the making of Orders under the Mental Deficiency Acts, and application to the Justices for variation of existing Orders.
- (g) To represent the Authority when mental defectives are before the Courts for offences.

Training.

- (a) Arranging the attendance of patients at one of the six Occupation Centres in the County.
- (b) Providing liaison between the Supervisors of the Centres and the County Medical Officer.
- (c) Arranging daily visits of patients, living at home, to four of the Mental Deficiency Hospitals within the County.

On behalf of the Local Education Authority, the Social Workers visit parents of children whom it is proposed to report under Section 57 (3), Education Act, 1944, to explain the reason for the proposed action and of their right to appeal to the Minister against the decision.

They also provide, for the information of the School Medical Officers, reports on the home conditions of Educationally Sub-Normal Pupils due to leave school when consideration is given to the need of reporting these children by the Local Education Authority as requiring supervision under the Mental Deficiency Acts after leaving school.

The following is a summary of the actions taken under the Mental Deficiency Acts during 1954 :—

Placed by parents (Section 3)	1
Orders obtained on presentation of Petitions by the Authority's Social Workers (Section 6)	57
Varying Orders (Section 7)	8
Court Orders (Section 8)	4
Order by Secretary of State (Section 9)	1
Orders obtained by Hertfordshire on behalf of other Authorities	11

The Social Workers devoted much of their time to the arrangements which must be made before patients in Institutions can be given a trial back in the community. This work is particularly important as it does enable the Institutions to show a turnover of patients and whilst the present shortage of accommodation continues, makes possible the admission of some of the patients on the Authority's waiting list for institutional care.

During 1954, fifty-six patients were admitted to Institutions. Forty-three of these were patients aged sixteen years or over and only thirteen were children under this age.

AGE RANGE OF CASES ADMITTED TO INSTITUTIONS DURING 1954.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board					
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	
Males	—	2	2	24	28	1	1	—	3	5	
Females	1	2	3	11	17	1	—	—	5	6	
Totals	1	4	5	35	45	2	1	—	8	11	

The present shortage of accommodation for young mental defectives as the Social Workers emphasise in their reports is a very serious problem. In many cases, their continued presence in the home imposes an almost impossible strain on their families. Of the total of sixty-seven patients awaiting admission to certified Institutions, forty-five are under eleven years and fifteen are aged eleven to fifteen. Whilst the shortage of accommodation for children remains, this situation is bound to deteriorate since there is, unfortunately, a steady increase in new cases being reported. However, it is understood that in 1955 a number of beds will be made available in an extension at present under construction in one of the Certified Institutions; this should ease the position to some extent.

AGE RANGE OF CASES ON WAITING LIST FOR ADMISSION TO INSTITUTIONS ON
31ST DECEMBER, 1954.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board				
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Males .	16	11	9	5	41	2	1	—	—	3
Females .	7	7	6	2	22	—	1	—	—	1
Totals .	23	18	15	7	63	2	2	—	—	4

Hertfordshire is divided between three Regional Hospital Boards—the North-East and North-West Metropolitan and the East Anglian. The following table shows the number of patients for each of the four degrees of priority in the three Boards' areas :—

PRIORITIES OF CASES ON WAITING LIST FOR ADMISSION TO INSTITUTIONS
ON 31ST DECEMBER, 1954.

	<i>North-West Metropolitan.</i>	<i>North-East Metropolitan.</i>	<i>East Anglian.</i>
1st (most urgent) . . .	33	1	—
2nd (urgent) . . .	9	—	—
3rd (priority) . . .	12	—	—
4th (no priority) . . .	9	3	—
	—	—	—
	63	4	—
	—	—	—

The degrees of priority signify varying circumstances and conditions on the following lines :—

- (1) Most urgent . Cases where removal to an Institution is the only real solution, and whose continued presence in the home imposes considerable hardship on the other members.
- (2) Urgent . . . Where conditions are less severe, but the persons caring for the defective are carrying on under very real difficulties.
- (3) Priority . (a) Where cases are occupying accommodation in either Health Service or Educational establishments, despite having been ascertained to be defective.
(b) Cases where some relief is obtained by the patients attending Occupation Centres, but where there is still more than a reasonable strain being borne by the families, e.g. cases where normal children are adversely affected by the presence of a defective.
- (4) No priority . . . Where home care is satisfactory, and no priority seems deserved, but the parents ask for Institutional care.

In order to provide some relief for families of the most urgent cases requiring institutional care, the fullest use has been made of short term placement of mental defectives under the Ministry of Health Circular 5/52. The terms of this Circular permit mental defectives to be placed in institutions for up to two months without the making of an Order under the Mental Deficiency Acts.

Despite the lack of permanent vacancies for children, the Institutions can occasionally accept cases for short periods when accommodation is available during permanent patients' absence from the Institutions on licence. It was also possible in 1954, to find short term accommodation for five children in private homes. For these latter the Local Health Authority was responsible for costs of maintenance under Section 28.

CASES ADMITTED FOR SHORT STAY TO INSTITUTIONS AND
PRIVATE HOMES DURING 1954.

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Institutions	10	13	2	5	30
Private Homes	2	1	2	—	5
	12	14	4	5	35

OCCUPATION CENTRES.

General.

The Occupation Centres continue to play a very important part in providing facilities for the training of young mental defectives living at home. The total attendances during the year increased by just over 4,500 compared with 1953. The children made 86 per cent attendance which does reflect the appreciation by the parents of this service. At the end of the Autumn Term, 1954, there were 167 children on the Centres' roll compared with 139 on the same day last year.

The following table shows the numbers on roll at the six Occupation Centres at the end of the year, and also the numbers admitted and discharged during the year.

Centre	Admitted during 1954	Discharged in 1954	On roll last day of term, 1954
Barnet	9	6	30
Hemel Hempstead	7	1	25
Hertford	18*	4	34
St. Albans	7	11*	18
Hitchin	9	4	25
Watford	13	11	35
	63	37	167

* Includes eight children transferred from St. Albans Centre to Hertford Centre.

Waiting List.

The waiting list of children suitable for attendance at the Occupation Centres is shown in the following table together with the dates when recommended to commence attendance.

Centre	January, 1955	April, 1955	September, 1955	Total
Barnet	6	—	—	6
Hemel Hempstead	—	—	—	—
Hertford	1	—	—	1
St. Albans	—	—	—	—
Hitchin	—	—	—	—
Watford	4	1	1	6

There is no waiting list at Hemel Hempstead, St. Albans, and Hitchin. The children on the waiting list at Hertford and Watford, can be accepted for attendance in the term recommended. At Barnet, however, it will only be possible to admit one of the six children on the waiting list in January, 1955.

Five of the Occupation Centres are directly provided by the Local Health Authority whilst at St. Albans, by agreement with the Cell Barnes and Harperbury Group Hospital Management Committee, twenty-one places at the Centre in Cell Barnes Hospital are reserved for children from the St. Albans area who attend daily from their homes. Under the agreement in force the Hospital Management Committee charges the County Council a capitation fee calculated on the actual running cost of the Centre for each attendance made.

Discharged Cases.

During the year thirty-seven children were discharged from the Occupation Centres and the following table shows from which Centre and the reason for their discharge.

Reason	Barnet	Hemel Hempstead	Hertford	Hitchin	St. Albans	Watford	Total
Admitted to Certified Institutions, Approved Homes, or placed under Guardianship	3	1	3	—	1	3	11
Admitted to Advanced Training Classes	—	—	—	—	—	1	1
Transferred to another Occupation Centre	—	—	—	—	8	—	8
Removed from area	—	—	—	—	1	1	2
Withdrawn by parents or discharged for non-attendance	—	—	1	3	—	4	8
Excluded as unsuitable	2	—	—	1	—	2	5
Excluded as over age	1	—	—	—	1	—	2
	6	1	4	4	11	11	37

Transport.

The conveyance of children to the Occupation Centres, has presented difficulties but with the use of the Ambulance Service and hired vehicles all parts of the county are now covered.

There are forty-three children, living up to a maximum of 20 miles from the Occupation Centres attended, who are conveyed by the Ambulance Service ; 101 children, living distances up to 12 miles from their Centre, are conveyed by private transport. The remaining twenty-three either travel by bus or live within walking distance. Transport is provided free and the fares of children travelling by public transport are reimbursed.

Meals.

Meals are obtained through the School Meals Service of the Local Education Authority and children attending the Centres, up to the age of sixteen years, are charged 9d. per day. Necessitous cases, however, are assessed on the Education Committee's Scale and where eligible receive free meals. Patients aged sixteen years and over continuing to attend the Occupation Centres are eligible for a maintenance allowance from the Assistance Board and pay the full cost of 1s. 6d. per day. Milk is obtained under the Welfare Foods Scheme and patients up to eighteen years of age receive free one-third of a pint daily.

Medical Arrangements.

The Occupation Centres are visited each term by the Assistant County Medical Officers' and every child has a full medical inspection at least once a year.

The Health Visitors also visit the Centres regularly for hygiene examinations.

Staff.

The staff of the five Occupation Centres directly provided by the Local Health Authority consist of a Supervisor and Assistant or Assistants, who have, wherever possible, taken a one year's course arranged by the National Association for Mental Health on the training of mental defectives.

The Ministry of Health have recommended that staffing should be based upon a ratio of one responsible member for ten to fifteen children, excluding helpers, and Hertfordshire Centres have been staffed on the ratio of one to twelve. The suitability of the premises and the proportion of more severely handicapped children in attendance are, however, factors which have been taken into account in determining the actual need at each Centre. A midday help, who works two hours daily, is employed at three of the Centres and one for five hours daily at the Watford Centre. There was only one change in the staff during the year when the midday help at Watford resigned and was replaced without difficulty: one additional member of the staff was appointed at the Hertford Centre in February, 1954, when it moved to larger premises.

Premises.

Barnet, Fieldways, Wellhouse Lane.—The Occupation Centre was transferred to the present premises in May, 1951, having previously been held in a succession of Halls from November, 1947. The accommodation comprises two classrooms and is taking up to thirty children. The Centre now has a waiting list and with the continued growth of the L.C.C. Boreham Wood Estate, which is in the area served by this Centre, it will be necessary to increase the accommodation. Plans are being prepared for an extension to the ground floor to include an additional classroom and improved toilet facilities.

Hertford, Christ Church Hall, Balfour Street.—This Centre was started in January, 1947, meeting half-days only and first became full-time in 1949. Due to increasing numbers and lack of adequate accommodation, it was necessary, in January, 1953, to divide the children into seniors and juniors who attended two and three days weekly respectively.

In February, 1954, the Centre was transferred to Christ Church Hall and can now accommodate up to forty children.

As a result of this move the children already on the Hertford Centre roll have resumed daily attendance and children from Hatfield and Welwyn Garden City, previously attending St. Albans Centre, have been transferred to Hertford. This transfer enabled the waiting list for St. Albans Centre to be cleared and Hertford, with thirty-four children on roll at the end of the year, can take a further six new cases when necessary.

Hemel Hempstead, St. Paul's Church Hall.—This Centre was opened in November, 1952. The accommodation comprises a large hall and a dark badly ventilated small room, which makes it impossible to divide the children into separate classes. The washing and toilet facilities are also inadequate. As alternative accommodation is not available it will be necessary to build a new Centre, particularly with the development of the New Town.

Meanwhile an additional helper for five hours daily is being appointed to keep the Centre going under the present adverse conditions.

Hitchin, The Maples, Bedford Road.—The Occupation Centre was started on 25th May, 1948, at the Maples where are also situated the main Local Health

and Local Education Authority Clinic services for Hitchin. There are two classrooms and a small playground used by the Occupation Centre. Some minor improvements are being made but the Occupation Centre has outgrown the accommodation. Furthermore, there is now a need to increase certain of the clinic services at the Maples and with this use of the building the attendant disadvantages of conducting clinics and an Occupation Centre in the same premises are much greater. It will be necessary to consider alternative accommodation for the Occupation Centre.

Watford, The Occupation Centre, St. Albans Road.—This Occupation Centre was opened in September, 1948, in a church hall. With the steadily increasing numbers of children suitable for daily attendance it was necessary to provide larger premises and as no alternative accommodation was available in the area a new building, to accommodate up to fifty children, has been provided. The Centre transferred to the new premises in June, 1954.

Commenting on the New Centre an Inspector from the Board of Control recently stated in her report: "It is interesting to see how easily and happily the children have settled into this light airy building and how well they play together outside, when so recently they had no opportunity for doing this. The Committee members are to be congratulated on their enterprise.

"The work of the Centre continues to be of a high standard, three groups, nursery, intermediate, and senior are formed. The two adjoining classrooms form the assembly hall and also the dining room so that careful attention is given to arranging of the timetables. Two classes are joined for physical education, dancing, and musical activities while the nursery group is able to be self-contained.

"Classification is good and while this Centre is intended primarily to accommodate the under sixteen years of age, a few older pupils are being absorbed. Individual initiative and responsibility is encouraged and results are good. The walls are bright with pictures and 'paper cut' friezes and the pleasure of achievement is obvious."

ADVANCED TRAINING.

Under arrangements agreed with the Leavesden, Cell Barnes, and Harperbury Group Hospital Management Committees and the authorities at St. Raphael's Colony, young adult mental defectives attend daily at the workshops in these Hospitals for advanced training. During 1954, twelve patients attended under these arrangements. At the end of the year seven patients were still in attendance and three others will commence early in 1955.

Of the five patients who discontinued attendance during 1954, two were admitted to Institutions; one was found suitable paid employment; one was excluded as unsuitable and one patient died.

The following reports have been submitted by the three Mental Health Social Workers :—

East and North Divisions.

There has been a steady increase in the number of patients dealt with in this rather wide-spread area during 1953 and 1954. There were 259 and 261 cases, respectively, under supervision, as follows :—

	1953.				1954.			
	<i>East Herts.</i>		<i>North Herts.</i>		<i>East Herts.</i>		<i>North Herts.</i>	
Statutory supervision . . .	80		56		82		65	
Voluntary " . . .	32		18		38		11	
Guardianship . . .	10		17		10		16	
On licence from Institutions .	31	153	15	106	29	159	10	102
	—	—	—	—	—	—	—	—

Those under statutory supervision are of all age groups, from infants to middle-aged men and women. Some are awaiting hospital care, some attending Occupation Centres, a few are in employment, and others are just living happily with their parents, who do not wish to give up the responsibility for the care of their handicapped children until the task really gets beyond them. In many cases against the Social Worker's advice they carry on too long, resulting in a breakdown in their own health.

The Social Worker's time has been fully absorbed not only in dealing with these cases, but in furnishing home conditions reports required by the various Institutions when reviewing the cases for discharge and considering the suitability of homes for holiday leaves.

The placing of high-grade patients from Mental Deficiency Hospitals in suitable residential situations has proved a difficult but at the same time rewarding work, though their supervision must needs take up a great deal of time, in that much help is required in accustoming them to life outside an institution. They need a great deal of guidance particularly in the management of money and in the buying of clothes.

The Social Worker also gives some assistance in arranging their holidays in seaside towns.

In 1953, two patients who had spent many years in institutions, and who had been under my supervision for $2\frac{1}{2}$ years, were finally discharged, having been nursed through many vicissitudes in their working life. One had reached the status of Assistant-Cook.

In 1954, there were four such discharges.

Whilst it is always hoped that these patients will remain in the situations in which they have made good, and justified the recommendation for discharge, almost without fail they give them up in order to try their wings in their new-found freedom.

As always, the difficulty of finding hospital vacancies has proved a worrying problem for the Social Worker, and much patience and determination were necessary in order to secure hospital beds. It must be said, however, that both in East and North areas it has been possible to admit, during 1953 and 1954, a fair proportion of the urgent cases. Of these admissions, not all were on the waiting list. Several—mainly adults—had to be admitted as emergency cases.

During both 1953 and 1954, it has been possible to arrange temporary hospital care for those patients whose parents desired it, to enable them, with their normal children, to have a much-needed holiday.

The Occupation Centres at Hertford and Hitchin are not only a source of interest and pleasure to the children attending, but serve the purpose also of giving a much-needed relief to harassed mothers in their trying task of looking after their defective children. Whilst most parents immediately welcome the opportunity of sending their children, others need a good deal of encouragement and persuasion by the Social Worker.

In both East and North Herts, it has been possible to admit all those children suitable for occupational training to a Centre. At the end of 1953, there were twenty-one on the register at Hitchin Centre and twenty on the register of the Hertford Centre.

In February, 1954, the Hertford Centre moved to new premises in Balfour Street, and could accommodate forty children.

After the admission of all suitable children from the Eastern division, there were sufficient vacancies to allow of the admission of several children from Mid Herts for whom it was impossible to find places in that area.

The children attending the Hertford Occupation Centre are drawn from a wide area—Hertford, Hertford Heath, Letty Green, Birch Green, Hoddesdon, Rye Park, Broxbourne, Stanstead Abbots, Waltham Cross, Stapleford, Turnford, Sacombe, Goffs Oak, Cuffley, Bishop's Stortford, Little Hadham, Welwyn Garden City, and Hatfield.

At the end of 1954, there were thirty-four children on the register of the Hertford Centre and twenty-five at the Hitchin Centre.

Every child suitable had been admitted, and there was no waiting-list.

The supervision and placing in employment of those pupils leaving Special School absorbed much time, both in the Eastern and Northern areas, but there is a close liaison between the Social Worker, the Ministry of Labour, and the Youth Employment Officer, and it has been possible to find jobs for all those capable of work.

Dacorum, Mid-Herts, and St. Albans Divisions, except Elstree Rural.

There are 249 cases under care as Mental Defectives in this area of the County. This number is composed of 137 under Statutory Supervision, fifty-eight under Voluntary Supervision, twelve Guardianship cases, and forty-two on Licence. This constitutes the case load only, and does not take into account the many other aspects of the work. There have been a large number of Home Conditions Reports when the orders are being reviewed, and when leave or licence is being considered, and for school leavers. Such reports present many problems, since it is often very difficult to decide, and recommend, what is best for the patient in all the circumstances, nor is it at all easy to make others realize their responsibility in regard to the care of defectives.

The outstanding problem in the work during the year has been the lack of accommodation for children in urgent need of institutional care and training. In homes where the situation is truly desperate, it is often very difficult to make a weary, nervously-exhausted mother realize that we are doing all in our power to find a vacancy in an Institution for her child.

The Occupation Centre at Hemel Hempstead, in the capable hands of Miss Sparkes, has done a good year's work, and many of the children show great improvement in behaviour and ability. The premises are in a very unsatisfactory state however, and the work is handicapped as a result. There are now twenty-five children attending the Centre and it is doubtful if we can admit any more while the Centre remains in St. Paul's Hall.

There are eighteen children attending the Cell Barnes Occupation Centre at present and good progress has been made during the year. The transfer of the Hatfield and Welwyn Garden City children from the Cell Barnes Centre to the new Centre at Hertford, has enabled us to clear the waiting list in St. Albans. At present there are three vacancies available and new cases are under consideration for admission. Two of the over-sixteens will be transferring to the Advanced Training School in 1955, and a third place has been granted for the admission of a boy, who was a former pupil of Kingsmead Special School. This boy was tried in employment but was not able to continue, and it was therefore considered necessary for him to have a further period of training and stabilization.

During the two years I have had the supervision of the Occupation Centres at St. Albans and Hemel Hempstead, no child has been capable of leaving at the age of sixteen and being placed in employment. Of the children at present attending the Centres there is only one boy who may be employable under careful supervision.

Suitable lodgings have been found for quite a number of men from Cell Barnes Hospital and they have been placed on Licence. It has also been possible to place some girls in resident domestic employment. Such cases need a great deal of help and supervision during the first few difficult months.

A number of petitions for the making of orders under the Mental Deficiency Acts have been presented to the Justices in the past year. This means much work and responsibility, and in this regard thanks are due to the Justices who have so willingly helped us.

It is worthy of note that parents generally have been most co-operative, and in the main have learned to appreciate that the County Council is doing its utmost in their interests.

South and South-West Herts Divisions and Elstree Rural.

At the beginning of 1954, there were 174 cases under Statutory Supervision, ten under Guardianship, forty-six under Voluntary Supervision, and nineteen on licence from Mental Deficiency Hospitals, or Guardianship. Of these sixty-five were attending the Occupation Centres in Barnet and Watford and thirty-six were on the waiting list for residential training.

Twenty patients over the age of sixteen years were admitted to Mental Deficiency Hospitals for care and training, but accommodation was found for only four children. One adult female was placed under Guardianship.

The routine task of trying to place suitable defectives in employment and keeping them there, continued, but the main problem has been the large number of children who urgently require residential accommodation because the rest of the household (particularly the mother) is suffering by their presence in the home. Letters have been received from private doctors urging the immediate removal of defectives.

On the rare occasions that a vacancy for a child has been obtained it has been difficult to decide which case is most urgent, and the deciding factor has had to be where there are the largest numbers of normal children in the home suffering, or where the mother has actually been taken ill.

The one temporary bed at Cell Barnes Hospital has been invaluable, but more beds could be permanently filled by temporary cases, just to give the parents a short break.

Several children were admitted to Homes for a short-stay in the summer in order that their parents could have their first holiday together since the defective was born. They all expressed their gratitude for this service.

In January, Mrs. A. Clarke, Supervisor of the Barnet Occupation Centre for 4½ years, left, and she was replaced by Miss D. Hyde who had recently obtained her N.A.M.H. Supervisor's Diploma. It has been necessary to increase the numbers from twenty-five to thirty at this Centre to try and clear the waiting list, but there are still six children who need the training but cannot be admitted. The present accommodation is barely adequate for thirty children, and all the boys are now excluded upon reaching sixteen years of age. The lavatory accommodation is most unsatisfactory and inadequate.

Habit training is one of the first things children are taught at an Occupation Centre, but in Barnet this is not possible.

There is one male over sixteen years of age in this area attending a Mental Deficiency Hospital for day training in the workshops.

The Watford Occupation Centre removed to their new premises at Whitsun and great benefit is now derived by the children who can have games and P.T. in the playground, and be divided into separate classes indoors. This new Centre, in the capable hands of Miss K. G. Berry who has been with us since 1950, immediately cleared the waiting list of children in the Watford area and at the end of the year there were thirty-five on the register.

There are six males over sixteen years of age attending Leavesden Hospital for day training.

No defectives have yet been employable upon leaving the Occupation Centre, and if they have not gone for further training, have remained at home drawing National Assistance.

Reviewing the year as a whole, progress has been made with training for high grade defectives of both sexes, but the main problem is still the difficulty of placing low grade children in residential vacancies.

LUNACY AND MENTAL TREATMENT ACTS.

REPORT OF THE SENIOR AUTHORIZED OFFICER.

During the year the Royal Commission on the law relating to Mental Illness and Mental Deficiency was set up. Their report will be awaited with interest.

Mr. H. G. Horton, Duly Authorized Officer for the South-West Herts Division, retired in October, 1954, and was replaced by Mr. R. W. Griffin, formerly of Kent.

Mr. E. O. A. Cowen, Duly Authorized Officer for the North Herts Division, resigned his appointment in November, 1954, and was replaced by Mr. H. Matthews, the former Assistant in that area.

Cases were dealt with as follows by the Duly Authorized Officers under the Lunacy and Mental Treatment Acts, as amended by the National Health Service Acts, 1946 and 1949.

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
<i>(1) Reception Orders (Certified Patients).</i>				
Admitted direct to hospital	34	58	—	92
Admitted to hospital after "observation" under Sections 20/21	2	—	—	2
By action subsequent to making of Urgency Order, or admitted to hospital under Orders made on Petition . . .	30	64	—	94
By action subsequent to admission as Voluntary Patient	7	5	—	12
By action subsequent to admission as Temporary Patient	3	2	—	5
<i>(2) Voluntary Patients.</i>				
Admitted direct to hospital through the Authorized Officers (see below) . . .	17	29	1	47
Admitted to hospital after "observation" under Sections 20/21	12	5	—	17
By action subsequent to admission to Hospital under Urgency Order . . .	57	83	—	140
By action subsequent to admissions as temporary patient	—	1	—	1
<i>(3) Temporary Patients.</i>				
Admitted direct to hospital	1	10	—	11
Admitted to hospital after "observation" under Sections 20/21	—	—	—	—
By action subsequent to making of Urgency Order	21	24	—	45
<i>(4) Urgency Orders</i>	141	212	2	355
<i>(5) "Observation" Cases.</i>				
Patients admitted to "observation" wards under Sections 20/21 (including those above who were subsequently admitted to mental hospital) . . .	19	8	—	27
<i>(6) Persons recommended for Clinical Treatment and other persons advised by the Authorized Officers</i>				
	48	57	1	106
Total "actions" taken (excluding "Out-County" cases—see below)	392	558	4	954

Many patients are the subject of more than one "action", e.g., first admitted under an Urgency Order and subsequently certified or transferred to the Voluntary Class, etc.

The total number of individuals included in the above statistics is 640 (265 men, 371 women, and four children) as compared with 660 in 1953. These figures do not include many persons dealt with as Voluntary, etc., patients through their own Doctors, Psychiatric Out Patients' Departments, or otherwise than by reference to the "Duly Authorized Officers".

Those cases arising in that part of the county within the North-East

Metropolitan region are admitted to Claybury Mental Hospital, but before their admission many cases are, in the first instance, admitted to the North Middlesex Hospital for "observation" under Section 20. Cases arising in the northern part of the County within the North-West Metropolitan region are admitted to Three Counties Hospital; those from the southern part of the county within the North-West Metropolitan region to either Napsbury, Hill End, or St. Bernard's Hospitals, and those from the small portion of the County within the East Anglian region to Fulborn Hospital. The only change during the year was that as from April, 1954, male patients from the City and Rural District of St. Albans were admitted to Hill End Hospital instead of to Napsbury.

Under Statutory provisions where cases are admitted to the Napsbury and Shenley Hospitals in this county from their wide catchment areas outside Hertfordshire, other than under Reception Orders, and further action is subsequently required, it is necessary for Hertfordshire Duly Authorized Officers to be called in to take such action. During the year eighty-five of these cases (thirty-three men and fifty-two women) as against a total of ninety-five during the previous year, were dealt with by the Officers for the St. Albans and South Herts areas. These cases are in addition to those shown in the above table and add considerably to the work of the officers in the areas concerned.

The number of cases dealt with initially under Urgency Orders increased from 321 in 1953, to 355 in 1954 (representing 55 per cent of the total number of individuals dealt with). The number of cases admitted to Observation Wards fell from sixty-one in 1953 to twenty-seven in 1954. Of these 382 patients only 25 per cent were subsequently "certified"; 41 per cent became voluntary patients, and 11·7 per cent temporary patients.

Of the remaining 22·3 per cent thirteen died before subsequent action became necessary, and fifty-four were discharged, or otherwise dealt with, without further action under the Acts.

No action was taken by the Hospital Authorities during the year to re-open an "Observation Ward" in the County.

The twenty-seven cases dealt with under Section 20, with one exception, came from the East Herts area and were admitted to the "Observation Ward" at the North Middlesex Hospital, which covers that portion of the County within the North-East Metropolitan Region. These cases represented 37 per cent of the total number of persons dealt with by the Duly Authorized Officers in the East Herts area.

The following is a comparison with figures for 1952 and 1953 :—

	1952.	1953.	1954.
(a) Voluntary patients admitted direct through Duly Authorized Officers	49	44	47
(b) Transfer to Voluntary Class after admission to "Observation Wards" or under Urgency Order, etc.	140	190	158
(c) Temporary patients	48	44	56
(d) Certified patients	226	239	205
(e) Urgency Orders	233	321	355
(f) Section 20 ("Observation Wards")	136	61	27
(g) Total number of individual patients dealt with by Authorized Officers	650	660	640

During the year under review, the following persons of pensionable age were certified :

60-64.		65-69.		70-74.		75-79.		80 and over.		Total.		
W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	T.	
4	7	6	3	13	13	20	11	25	34	68	102	
Previous year										31	78	109

In June, 1954, a Conference of Medical Officers and Duly Authorized Officers was convened by the County Medical Officer when a number of matters presenting administrative difficulties, particularly in regard to cases with home addresses outside the County were discussed and dealt with.

PRIVATE NURSING AND OLD PERSONS' HOMES

Report of the County Nursing Officer.

At the 31st December, 1954, thirty-one Nursing Homes were registered under the Public Health Act, 1936. During the year two Nursing Homes closed, none was opened, though three re-registered to increase their bed states. There were twenty-five Old Persons' Homes registered under the National Assistant Act, 1948, at the end of December, 1954.

Regular visits continue to be paid to these Homes. It is usual for the Divisional Nursing Officers to pay routine visits and the Divisional Medical Officer to visit where necessary.

The conditions in these homes vary greatly. Many of them have difficulty in maintaining an adequate staff for the work concerned, and there is a tendency for the Old Persons' Homes to have more sick people than they should, owing to the aged becoming bedridden and the difficulty of hospital admissions. On the whole the standard is quite good and the visit by the Nursing Officer is usually most welcome as she is in a position to pass on ideas received from elsewhere and to give advice on various conditions. Some of the homes have found financial difficulty in supplying fire prevention requirements.

The Nursing Homes have a tendency to merge into Old Persons' Home as more acute nursing is being carried out in hospitals than in the past, and modern facilities in a small Nursing Home cannot compare with those in the well-equipped hospital.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

The following report deals with the work of the County Health Inspector. There has been no major change in the work of the Department during the year. A noticeable trend has been the falling off in the number of tubercle positive samples from dairy herds and it does appear that the frequent biological sampling, in conjunction with the increased number of tuberculin tested and attested herds, has had a beneficial effect on the safety of the County's milk supply. This, together with the fact that by 1st March, 1955, the whole of Hertfordshire will have become a "specified area", which means the discontinuation of the retail sale of non-designated milk, is a considerable step forward.

One hopes that the bacteriological quality of the milk has been improved since the Ministry of Agriculture and Fisheries took over this work in 1949. Public Health officials can still play an important part by ensuring that milk supplies are sampled during the course of distribution to the householder and in those cases where samples fail to comply with the cleanliness test laid down, details should be immediately reported to the County Committee of the Ministry of Agriculture and Fisheries for action. Distribution samples of milk which have been heat-treated are also extremely valuable and all cases of sample failures should be notified immediately to the Licensing Authority responsible for the maintenance of the plant.

Twelve new Consents have been issued during the year under the Hertfordshire County Council Act, 1935, allowing refuse to be tipped into mineral workings. Some of the complications which have to be dealt with are mentioned later in this report.

MILK AND DAIRIES.

(a) Sampling of Milk for the Detection of Tubercle Bacilli.

There has been no change in the biological milk sampling scheme as described in my previous report. On the 30th September the designation "accredited" became obsolete and all existing accredited herds reverted to the "non-designated" category. In those areas of the County which are "specified" under the Food and Drugs (Milk, Dairies, and Artificial Cream)

Act, 1950, all non-designated milk has to be sent for pasteurizing. The table of biological samples given below lists the samples taken from accredited herds but it should be borne in mind that these refer to samples which were taken up to the 30th September, after which, as already stated, the designation became obsolete.

TABLE 26.

Year	Total No. of Completed Tests	Non-Designated			Accredited			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%	Neg.	Pos.	%
1950	1,161	513	16	4.41	167	11	6.18	447	—	—
1951	1,224	442	16	3.49	173	10	5.46	567	3	0.53
1952	1,264	574	15	2.71	166	11	6.21	471	1	0.21
1953	1,199	498	13	2.92	143	5	3.38	537	1	0.19
1954	1,046	442	9	2.00	93	4	4.12	498	1	0.20

It is interesting to note the gradual decline in the percentage of tubercle bacilli positive samples of milk obtained from the non-designated herds over the past five years. Positive samples from tuberculin tested herds are comparatively rare but the occasional "positive" which turns up from time to time justifies our sampling this class of milk.

As a result of these positive samples three cows were removed from accredited herds and five cows from non-designated herds under the provision of the Tuberculosis Order, 1938. In addition, seven suspicious animals have been removed from "positive" herds by the owner between the taking of the sample and the announcement of the result.

The practice of taking biological samples at the farm where the milk is produced has been continued. This simplifies and expedites the work of tracing infected animals at the farm and it has been found from experience that where biological samples are taken at retail dairies there is always doubt as to the origin of the milk, especially where the milk is bulked.

The three-cornered liaison scheme which exists between the Divisional Veterinary Officer, the District Medical Officer, and the County Medical Officer, has been successfully continued. Positive samples are immediately reported to both the District Medical Officer and the Divisional Veterinary Officer, the former because he has powers for stopping or diverting the milk for pasteurization and the latter for the subsequent herd investigation and removal of infected animals under the Tuberculosis Order, 1938.

(b) *Brucella Infections in Milk.*

The five laboratories which receive our biological samples are all examining the milk not only for the presence of the tubercle organisms, but also for the *Brucella abortus*—the organism which causes contagious abortion in cattle and is the presumed cause of undulant fever in man. The following Table shows the number of brucella positive milks in 1953 :—

TABLE 27.

Designation	No. of Completed Tests	Results		Percentage of Positive Samples
		Positive	Negative	
Tuberculin Tested	499	26	473	5.21
Accredited	97	11	86	12.79
Non-designated	448	40	408	8.93
Totals	1,044	77	967	7.38

The total percentage of positive samples obtained in 1953 was 11·85, and so there has been some reduction in positive samples during the year. One case of undulant fever came to light during the year but could not be associated with an infected milk supply.

(c) *Supervision of Pasteurizing Plants.*

The County Council, as Food and Drugs Authority, licences and supervises pasteurizing plants in all Districts with the exception of Watford Borough, the City of St. Albans, and East Barnet Urban District, which are separate Food and Drugs Authorities.

Pasteurized milk has to comply with the phosphatase test to ensure that it has been subjected to a sufficiently high temperature for the specified period of time to ensure the destruction of pathogenic organisms. A modified methylene blue test is also used to determine the cleanliness or otherwise of the pasteurized milk.

There are three types of pasteurizing plant in operation in the County, namely the High Temperature Short Time (H.T.S.T.), the Holder, and the Continuous Flow Holder.

The High Temperature Short Time plant subjects milk to a pasteurizing temperature of not less than 161° F. for a period of not less than fifteen seconds; the batch holder heats and retains the milk at a temperature between 145° F. and 150° F. for not less than thirty minutes, and a modification of the batch holder subjects the milk to the same time/temperature treatment as the holder plant but the operation is controlled automatically to enable a series of holding compartments to be filled and emptied so that the process is continuous.

The following Table shows the results of pasteurized milk samples taken during the year.

TABLE 28.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . . .	622	28	4·3	632	7	1·1
H.T.S.T. . . .	489	4	0·8	474	3	0·6
Totals	1,111	32	2·8	1,006	10	1·0

It will be seen that the H.T.S.T. method of pasteurizing has given better results than the holder method. The figure of 4·3 per cent of phosphatase failures from the latter type of plant cannot be classed as satisfactory but it must be remembered that many of the samples included in this list are of an experimental nature and every effort is made to find any weaknesses in this type of equipment and to suggest modifications to the manufacturers. Many of these samples were of forward flowing milk leaking past the outlet valve into the "finished milk" pipe lines and such milk would normally be discarded before discharging the main contents of the holder. The results of the samples submitted for the methylene blue test were quite satisfactory and there were no serious complaints of souring milk during the year.

MILK IN SCHOOLS SCHEME.

The percentage of children taking milk decreased slightly from 82·9 in 1953 to 82·84 in 1954. Three hundred and eighty School Departments and twenty Nursery Schools are now supplied with pasteurized milk.

Sampling.—The School Milk Sampling Scheme was continued during the year unchanged. The milk supplied by each individual dealer is tested at least twice a term and the larger suppliers of milk to schools are sampled more frequently. The source of supply of one school is raw tuberculin tested milk and this is sampled both biologically and for the methylene blue test. All the other schools have a pasteurized supply. This grade of milk has to satisfy the phosphatase test which is indicative of the efficiency with which it has been heat-treated, together with a modified methylene blue reduction test for keeping quality. The following Table shows the results of samples taken.

TABLE 29.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized	328*	325	3	304	10
Tuberculin Tested	6	—	—	6	—
Totals	334	325	3	310	10

* Fourteen of these samples were not Methylene Blue tested because atmospheric temperature exceeded 65° F.

Many of the schools receive pasteurized milk from dairies which are under the control of the County Council as Food and Drugs Authority and any failures can be investigated directly at the plant. In other cases, failures are reported to the Authority concerned, together with a request for an investigation.

School Canteen Milk.—Canteen milk is supplied to the Schools on contract. It is included in the general sampling scheme. This is not difficult as many of the suppliers of canteen milk are being regularly sampled under the milk in schools scheme and, in some instances, pasteurizing plants where the milk is heat-treated are also licensed by the County Council. There are 343 school canteens, including nursery canteens. The number of samples taken from the school canteens is relatively low owing to the fact, as mentioned above, that many of the sources of supply are already being sampled.

The following table shows the results of canteen milk sampling during the year :—

TABLE 30.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized	142*	140	2	133	2
Tuberculin Tested	1	—	—	1	—
Totals	143	140	2	134	2

* Seven of these samples were not Methylene-Blue tested because temperature exceeded 65° F.

SCHOOL CANTEENS.

District Councils are responsible for ensuring that food is prepared and stored in premises which comply with the standard laid down in Section 13 of the Food and Drugs Act, 1938. Arrangements continue whereby Sanitary

Inspectors of District Councils pay occasional visits to school canteens and food preparing premises used under the School Meals Scheme. These Officers are able to proffer any advice or assistance which may be required in connection with the handling of food and the equipment of premises used for such purposes.

FOOD POISONING IN SCHOOL CANTEENS.

It is a tribute to the high standard maintained in school canteens that although over 10,000,000 meals were served during the year only two investigations had to be carried out following outbreaks of suspected food poisoning at schools. In the larger outbreak, canteen meals could be excluded as a factor, while in the smaller outbreak it was suggested that the "stock-pot" contents might have been at fault but this was not definitely proved.

In two instances District Sanitary Inspectors were called in to examine prepared meat dishes and in each case the action resulted in the food being condemned and sent for examination. Organisms were found which might have led to outbreaks of food poisoning. Needless to say we welcome action of this kind on the part of the School Canteen Staff.

SWIMMING BATHS.

Regular sampling from those swimming baths used by the County Council's school children was maintained during the year. In all 316 samples were taken from the twenty-seven baths approved for use in the County.

The following table shows the result of sampling during the year.

TABLE 31.

Type of Bath	No. of Samples	Satisfactory	Not Satisfactory	% not Satisfactory
Continuous flow (23 baths) . .	286	269	17	5.94
Fill and empty (4 baths) . .	30	28	2	6.67
Totals	316	297	19	6.01

From the above table it might be inferred that the bacteriological standard of fill and empty baths compares not too badly with those of the more up-to-date continuous flow type. Our experience in the past has, however, been that unless a fill and empty bath is given very strict supervision indeed, the bacteriological standard of the water is often unsatisfactory. A continuous flow pool with its pressure filter and continuous chlorine injection can usually be relied upon to maintain a satisfactory standard. The fill and empty bath, however, has no filtration plant and chlorine must be added in the form of a hypochlorite. In order to maintain a reasonable standard in such a pool the water must be emptied at least once a fortnight or more often than that if the bathing load has been heavy. Frequent additions of hypochlorite must be made during the day and a large dose added in the evening to allow the pool to stand overnight with a residuum of rather more than the .5 p.p.m. recommended. A responsible person should be detailed to take chlorine residual tests at intervals during the day and if there is any evidence of reduction in the chlorine content more hypochlorite should be added immediately.

Owing to the poor swimming season in 1954, only two of the fill and empty baths were used regularly and as control of these baths has been greatly improved on the lines set out above, the standard maintained compared favourably with the continuous flow baths.

NEW HOUSING.

The following table shows the position regarding new housing provided by District Councils in the County from the 1st April, 1945, to the 31st December, 1954. It is taken from the Ministry of Health Return.

TABLE 32.

	Permanent Housing		Temporary Housing Completed
	No. under Construction	Completed	
BOROUGHES.			
Hemel Hempstead	60	764	50
Hertford	75	636	50
St. Albans	183	2,125	109
Watford	206	2,624	100
Totals—Boroughs	524	6,149	309
URBANS.			
Baldock	—	375	—
Barnet	65	474	100
Berkhamsted	22	394	30
Bishop's Stortford	—	651	85
Bushey	66	403	50
Cheshunt	32	730	135
Chorleywood	42	156	—
East Barnet	34	621	50
Harpenden	61	517	25
Hitchin	138	567	50
Hoddesdon	56	541	38
Letchworth	171	1,145	50
Rickmansworth	66	811	100
Royston	53	225	—
Sawbridgeworth	6	160	10
Stevenage	80	345	20
Tring	10	118	—
Ware.	94	341	13
Welwyn Garden City	12	871	150
Totals—Urbans	1,008	9,445	906
RURALS.			
Berkhamsted	16	144	—
Braughing	8	388	—
Elstree	62	1,218	100
Hatfield	157	941	66
Hemel Hempstead	30	520	35
Hertford	36	364	—
Hitchin	80	660	38
St. Albans	58	1,021	6
Ware.	38	476	—
Watford	42	500	50
Welwyn	39	244	46
Totals—Rurals	566	6,476	341
TOTALS—COUNTY	2,098	22,070	1,556

This table does not show the housing development in the New Towns within the County boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1954.

TABLE 33.

	No. under Construction	Completed
Hatfield	111	1,090
Hemel Hempstead	1,222	3,998
Stevenage	2,122	2,991
Welwyn Garden City	897	1,387
TOTALS	4,352	9,466

REFUSE DISPOSAL.

Provisions under Section 26 of the Hertfordshire County Council Act of 1935 enable the tipping of refuse imported from outside the district to be controlled by Consent.

During the year twelve Consents were issued. One of these allowed for the extension of an already licensed site which has been receiving destructor screenings and ash, and one allowed putrescible refuse to be deposited where formerly the site was licensed for the tipping of non-putrescible refuse only. In another instance, an experiment which has been going on over the past two years in which refuse was being burnt and the resultant ash spread on the land, was modified to allow controlled tipping methods only to be used—and no fires.

Three of the new Consents were for the disposal of household refuse in gravel pits and before these were issued careful surveys of the areas were carried out and reasonable steps taken to ensure that no nuisance would be caused because of the tipping activities. Six Consents were issued for the tipping of non-putrescible material.

One of the household refuse Consents mentioned above was to enable tipping to take place in a very large gravel pit which had previously been ruled by the Water Advisory Committee as being unsuitable for the reception of putrescible material. One of the difficulties was due to the fact that two wells approximately $1\frac{1}{2}$ miles to the south had adits or heading shafts running in the general direction of the site and at the same time a river formed the eastern boundary of the proposed tipping area.

The whole matter was gone into very thoroughly and it was decided that in order to reduce to a minimum the risk of water pollution the pit should be prepared in a certain way before it was used for receiving domestic refuse. Some of the precautions which had to be taken included the building of a bank separating the site from the river, the lining of the floor of the pit with non-permeable material, and provision for draining the site through an existing stratum of fine sand which would act as a filtering medium.

Another difficulty arose during the year owing to the need of a suitable site for a special type of trade waste from an aluminium smelting factory. This waste material contained aluminium carbide which, with water, was capable of generating an inflammable gas. Finally an isolated site was selected and provision made for the material to be tipped and covered immediately.

One site for the reception of industrial waste had to be closed owing to the fact that some of the conditions in the Consent were broken. It was felt, however, that had a little more care been exercised at this particular site the land could have been satisfactorily reclaimed without nuisance.

During the year 448 visits were made to controlled refuse tips by the County Health Inspector and by two assistants.

THE DOLLIS BROOK.

The catchment area of the Dollis Brook within the County boundary an “excluded” area under the provisions of the Rivers (Prevention of

Pollution) Act, 1951. This is the only "excluded" area in the County, all other river catchment areas being covered by River Boards.

The Middlesex County Council have approached the County Council with a view to taking joint action in respect of this brook which rises in Hertfordshire and flows in an easterly direction towards Whetstone and passes finally into Middlesex at the extreme south-eastern corner of the Barnet Urban District.

The Minister of Housing and Local Government has been requested by the County Council to make an order under the provisions of the Rivers (Prevention of Pollution) Act, 1951, enabling certain powers to be exercised by the County Council. This will include powers of entry and inspection in the areas and the taking of samples for the purpose of detecting sources of pollution.

